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ABSTRACT

Presented is the PARC (Pennsylvania Association for Retarded Citizens) Plan which resulted from a 3-month survey of Pennsylvania's institutional system and which was designed to improve living conditions and programs of state schools and hospitals serving the mentally retarded. Detailed are specific recommendations for the achievement of annual goals (from 1975 to 1980) in the following areas (goal examples are in parentheses): population (assess the needs of each resident in state schools and hospitals and develop individualized programs); staffing and staff training (develop an inservice training program); food services (achieve excellence in diet, food preparation, and food handling); linen and clothing service (provide clean, neat, fashionable, appropriate, individualized clothing as well as individual storage space); program (develop a uniform accountability procedure with a mechanism for correction of defects); housing (complete renovations to meet Life Safety Code and Medical Assistance requirements); health care (provide corrective and preventive measures for each individual); and monitoring (develop a uniform procedure for making and writing reviews of state schools). Included in each section is an implementation schedule for each program area and statements on the goals, actions required, funding sources, and PARC actions and responses for each year. A section on additional recommendations contains discussions of such topics as the development of family care training homes. (SB)

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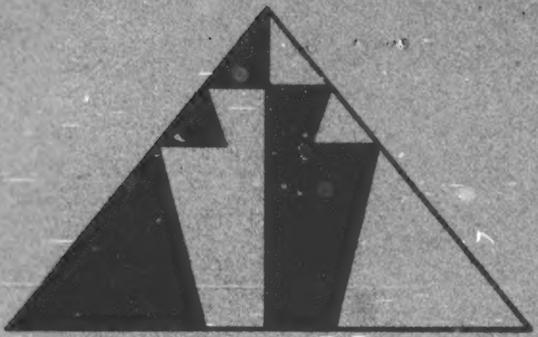
REPORT OF THE
PARC AD HOC PLANNING COMMITTEE
FOR
RESOLUTION II

October 19, 1974



A DESIGN FOR LIVING
THE PARC PLAN

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INTRODUCTION

"A Design for Living -- The PARC Plan" is the result of a three-month study and survey of Pennsylvania's institutional system. The Plan, as conceived here, has as its specific objective the improvement of living conditions and programs at Pennsylvania's State Schools and Hospitals. As such, the Plan does concern itself with institutional reform and deinstitutionalization, as well as community living alternatives to State Schools.

"A Design for Living -- The PARC Plan" was not meant to be a report which will gather dust on the shelves. It is a workable document which takes into consideration many of the problems which have historically stood in the way of institutional reform. The report is specific in its recommendations for achieving these objectives and presents a realistic time table for their attainment.

A. BACKGROUND

In June 1974, delegates to the 24th annual convention of the Pennsylvania Association for Retarded Citizens stated in a resolution that, "the existence of unsafe, unsanitary conditions at State Schools and Hospitals continues to debase and degrade the citizens who are retarded who must reside in them." In order to alleviate these dehumanizing conditions at the State Schools, the membership charged the Association to "develop a comprehensive plan to provide decent, humane and normalizing programs and housing for residents of State Schools."

Resolution II clearly states the intent of the Plan, as well as what the Plan should include:

"WHEREAS, the existence of unsafe, unsanitary conditions at State Schools and Hospitals continue to debase and degrade the citizens who are retarded who must reside in them; and

"WHEREAS, the relocation of citizens who are retarded in the community is proving to be slower than anticipated; and

"WHEREAS, it is premature to speak in terms of completely closing existing institutions; and

"WHEREAS, we cannot ignore the present dehumanizing conditions under which residents of State Schools and Hospitals continue to exist; and

"WHEREAS, the Department of Public Welfare has failed in its obligation under the 1966 MH/MR Act to provide a comprehensive plan for appropriate care and training of institutionalized citizens who are retarded.

"NOW THEREFORE BE IT RESOLVED, that PARC shall develop a comprehensive plan to provide decent, humane, and normalizing programs and housing for the residents of State Schools and Hospitals, and be it further

"RESOLVED, that this plan shall contain at least the following items:

- *a. Specific objectives to be achieved for each State School and Hospital.*
- *b. Specific methods for the achievement of each of the above objectives including specification of funding sources.*
- *c. A time table for the implementation of the above objectives,*

and be it further

"RESOLVED, that this plan shall be presented to the October 1974 Board meeting for approval and implementation, and be it further

"RESOLVED, that the President shall appoint a committee representative of all viewpoints on this issue, and be it further

"RESOLVED, that this committee will be required to contact the parent's groups of each of the State Schools and Hospitals and include their needs in the plan; and be it further

"RESOLVED, that this committee explore every alternative that will provide decent housing and developmentally appropriate programming as rapidly as possible for all institutionalized citizens who are retarded, including, if necessary in individual situations, construction on the grounds of State Schools and Hospitals as well as the temporary use of currently existing state-owned facilities with the constraint that the number of institutional beds be not increased, and be it further

"RESOLVED, that where dehumanizing conditions presently exist, PARC, in conjunction with local ARC's concerned, shall take direct and immediate action to rectify the situation, with the approval of the Board of Directors of PARC, in conjunction with the formulation of the plan; and be it finally

"RESOLVED, that it is not the intent of this resolution to de-emphasize the need for community placement as the most appropriate alternative to institutionalization.

"Duly enacted this eighth day of June, nineteen hundred and seventy-four."

An Ad Hoc Planning Committee (hereinafter "Committee") for Resolution II was convened in July 1974. The following is the course and result of their deliberations.

B. SOURCES OF DATA

The Committee attempted to involve all persons concerned in the delivery of residential services to retarded citizens. The Department of Public Welfare was asked to supply population and budgetary data, as well as specific information on problems and deficiencies in each State School and Hospital. Other state agencies involved with the physical plants of State Schools, such as the Department of Labor and Industry, were also asked to supply data concerning each institution.

It was felt that the Superintendents of the State Schools were an important source of data since they must work with the system and know where the strengths and weaknesses of their institution lie. As professionals in the field, their input was essential to developing a realistic and workable plan.

In order to determine the feelings and opinions of those involved persons in the ARC movement, local ARC Chapters and PARC Regional Vice Presidents were asked to outline the climate of opinion for community living alternatives in their counties and to make recommendations to the Committee on the basis of their experiences.

Representatives of each organized parents' group at State Schools were invited to meet with the Committee to share their concerns about specific State Schools. Their contributions were essential to the development of a plan which considers solutions to problems at these State institutions.

Because the County MH/MR Program is the functional unit responsible for the delivery of residential services to retarded persons, the County MH/MR Administrators were asked to identify specific barriers which might block the delivery of services to persons returning from State Schools to the community.

The JCAH/ACFMR Standards were used as a base line for upgrading specific problem areas in State Schools, such as environment, staffing, programs, services, and so forth.

The MH/MR Act of 1966 and the 5200 regulations concerning County MH/MR programs have mandated a comprehensive service delivery system for retarded citizens. The provisions of the Act, since they have been mandated legislatively, provided the basis for many of the recommendations in the Plan.

C. SCOPE OF THE PLAN

The focus of this Plan is upon the individual and his particular need at any given point in time. It removes the traditional molding of the retarded individual into existing programs, services or facilities regardless of his or her individual needs. Using a uniform evaluation technique to determine the individual's needs, appropriate programs, services, staffing and housing shall be logically developed in the interest of and to the benefit of each individual.

This Plan presents specific recommendations for the achievement of goals in the following areas:

. . . Program

. . . Population

. . . Health Care

. . . Food Service

. . . Linen and Clothing Services

. . . Housing

. . . Monitoring

. . . Funding

. . . Staffing and Staff Training

A time table for the implementation of all goals is specified, as are the actions required to achieve these goals. Recommendations have also been included to insure accountability through DPW service delivery reviews and continuous monitoring by PARC.

D. BASES FOR THE PLAN

Three major inter-related documents have provided the bases for this Plan. It is the intent of this Plan that they be used in conjunction with each other and carried out simultaneously. They are:

1. Standards of the Joint Commission on Accreditation of Hospitals, Accreditation Council for Facilities for the Mentally Retarded (JCAH/ACFMR).

2. Component Program: Office of Mental Retardation, Department of Public Welfare, draft dated July 8, 1974.

3. The Progress Assessment Chart of Social and Personal Development (PAC) by H. C. Gunzburg, Ph.D.

Joint Commission on Accreditation of Hospitals/Accreditation Council for Facilities for the Mentally Retarded

Accreditation of residential facilities for mentally retarded persons is a goal being pursued by many public and private facilities throughout the United States. Accreditation is an educational and evaluation process that all facilities and agencies can use to improve their services to retarded persons living outside of their homes.

The need for Pennsylvania to seek Accreditation for facilities for retarded persons was also addressed by the delegates at the 1974 PARC Convention when they passed Resolution XIII requiring that the Commonwealth apply for accreditation of all State Schools and Hospitals under these standards. This process must be initiated immediately.

Accreditation goes much further than licensing. Licensing, as a governmental activity, is usually concerned with enforcing minimum standards of health and safety. Accreditation is a voluntary activity in which a facility first surveys itself and then is surveyed by teams of experts to determine deficiencies and plan corrective actions. The objective of accreditation is to establish minimum standards of quality in environment, programs, and services for retarded persons.

The process of evaluation under JCAH/ACFMR is like an X-ray, it allows the unknown to become known. It shows a superintendent where his deficiencies are and establishes a change from warehousing and mass management of retarded persons to individualized programs and services. It can help the facility to meet the national objectives of institutional reform and deinstitutionalization by helping to assure that each resident receives a minimum of quality in services consistent with his developmental needs in the least restrictive environment possible.

Therefore, the Committee concluded that it is imperative that the goals outlined by the JCAH/ACFMR Standards be achieved by the State Schools and Hospitals in Pennsylvania as quickly as possible. Meeting the Standards implies that a public or private agency base its programming on the developmental model of retardation, which affirms that each retarded individual is considered to be capable of growth, learning and development, no matter how handicapped he may be.

The Component Program -- Office of Mental Retardation, Department of Public Welfare

The proposed Component Program, as outlined by the Office of Mental Retardation of the Department of Public Welfare, has used the JCAH/ACFMR Standards as a basis for the delivery of services to mentally retarded citizens living in Pennsylvania's State Schools and Hospitals.

Briefly, the Component Program divides program in State Schools into six "levels" or "components."

Specific goals are outlined for each of the components, based on the development of an individual program plan (IPP) for each mentally retarded person. Under such a program, persons will be able to move from one component to another as individual performance improves and specified goals are met. The emphasis in the State Schools would be on specific programs which develop skills, rather than mere custodial care.

To this end, the Department of Public Welfare Component Program recommends that an individual program plan be prepared for all persons in residential facilities. Each plan would be based on written agreements between the State School, the family, and community agencies. The IPP would specify the length of residence, specific goals to be accomplished, and parties responsible for accomplishing these goals. The Component Program recommends that the social service staff at the State Schools work closely with community agencies to return residents to their home communities. This would include those individuals who require skilled nursing and 24-hour residential care.

The Component Program is an attempt to place people in a program based on their developmental needs. It defines who shall be placed in each component and why; what kinds of programs will be provided; what goals are to be achieved; and the kinds of staff and services needed in each component.

It is important to note that the JCAH/ACFMR Standards also require an individual program plan for each resident, regardless of age or developmental level. According to JCAH/ACFMR, review and revision of the IPP must be a continuous and self-correcting process. Thus, the Component Program, as drafted by the Office of Mental Retardation, presents a forward step in meeting JCAH/ACFMR Standards for programming in facilities housing retarded persons.

There is not, at the present time, any such comprehensive program plan existing in Pennsylvania's State Schools. The Component Program would assure that every resident of every State School would be in a program based on his or her individual needs.

The Progress Assessment Chart of Social and Personal Development

The Progress Assessment Chart (PAC) is an evaluative tool that can be used to assess a retarded person's level of social and personal development. It is not an arbitrary tool that assesses only one aspect of an individual's development, such as an I.Q. test which merely places an individual's numerical test score at a certain point on a set scale without regard to their behavior, social development, or maturity. PAC is a method by which a person's behavior, growth and development are observed in a variety of situtions.

Specifically, the PAC instrument is used to record an individual's abilities in the following areas:

. . . SELF-HELP (such as: table habits, mobility, toileting, washing, dressing, cleanliness;)

. . . COMMUNICATION (such as: language, knowledge of time, numbers, money, reading, writing, understanding of concrete and abstract differences;)

- . . . SOCIALIZATION (such as: play or recreational activities, social awareness, social relationships, activities at home;)
- . . . OCCUPATION (such as: hand dexterity, gross motor control, manual activities, cooking, cleaning.)

There are separate PAC Assessment tools for every phase or area of social development from very primary and basic skills, through such skills as shopping, social graces, and handling money.

To chart the information for each individual in each developmental area, the PAC assessment tool uses circles, divided into areas which have been further divided into blocks.

Model, Progress Assessment Chart:

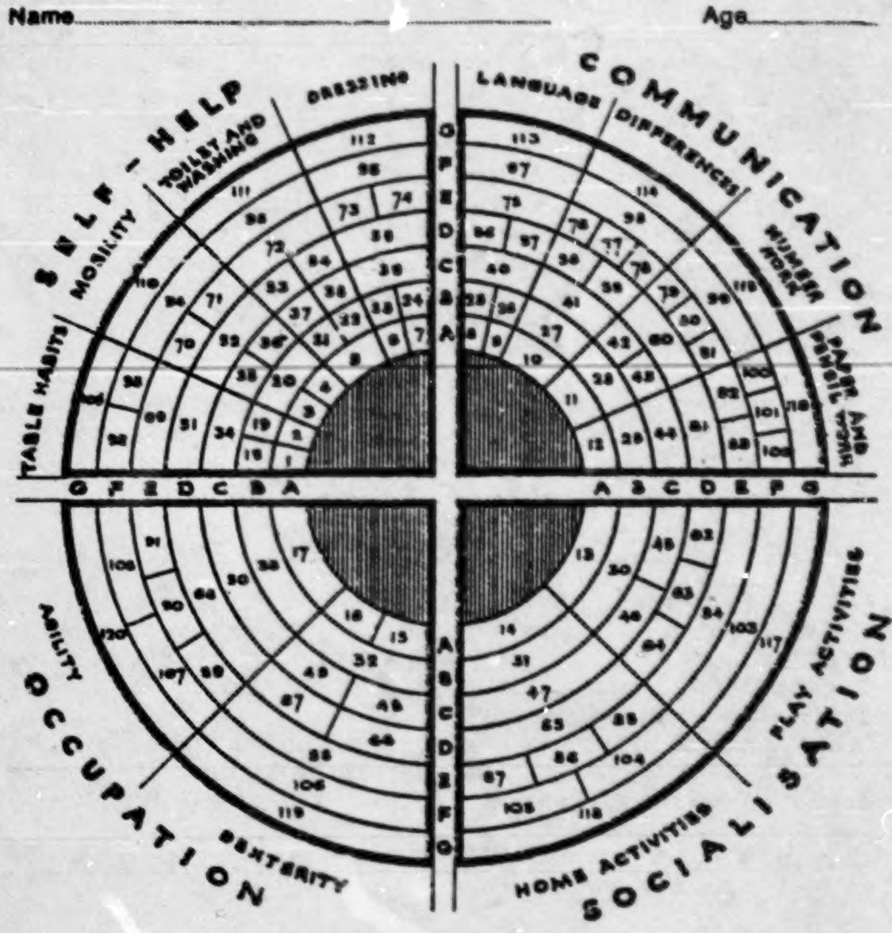

Name
Age
SELF-HELP
TABLE HABITS
MOBILITY
TOILET AND WASHING
DRESSING
COMMUNICATION
LANGUAGE
DIFFERENCES
NUMBER WORK
PAPER AND PENCIL WORK
SOCIALISATION
PLAY ACTIVITIES
HOME ACTIVITIES
OCCUPATION
DEXTERITY
AGILITY
G F E D C B A
A B C D E F G

FIGURE 1 From: Progress Assessment Chart of Social Development
Form 1, 11th edition by H. C. Gunzburg
Copyright 1963, 1973
Permission pending.

Each block represents a skill which has been completed. After a complete PAC evaluation of the individual, some blocks would be filled in and others blank. By looking at the chart, a teacher, aide, or staff person could tell immediately just where the person is functioning at the time of the evaluation and which skills need development through specific program activities. Thus, the PAC assessment tool provides the basis for developing an individual program plan for each resident, based on where he is functioning and what type of programming he needs to move forward developmentally, and provides that evaluation on an easily read and easily understood chart.

There is no uniform assessment tool presently used in Pennsylvania State Schools and Hospitals. Individuals have been placed in programs in many different ways -- some merely on the basis of I.Q. score, others on the basis of physical handicaps or limitations. Indeed, there is no uniform method being used throughout the Commonwealth to place mentally retarded people in programs based on their current level of functioning and on their projected future needs for habilitation.

All three of these inter-related documents have been integrated into a workable Plan to provide the base for a "Design for Living" which will insure that:

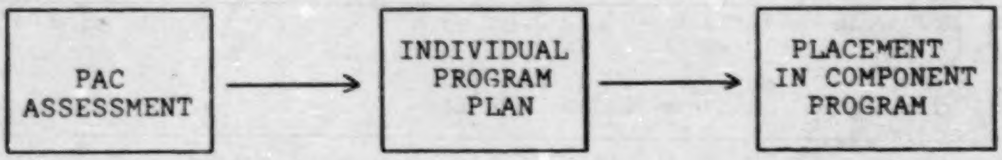
. . . every resident in every State School shall be assessed by a reliable assessment inventory, based on his social and personal development, as well as his habilitative needs;

. . . the development of an individual program plan that shall be based upon the PAC Assessment of that individual's needs.

. . . individuals shall be placed in Component Programs existing uniformly in each State School on the basis of the individual's program plan.

. . . the individual program plan, linked with the Component Program outlined by DPW, shall be the first step toward meaningful self-evaluation in State Schools and Hospitals with JCAH/ACFMR Accreditation as an interim goal.

In a simple diagram, these relationships can be demonstrated.



E. SUMMARY OF THE PLAN

The implementation of the recommendations made in this Plan shall lead to the achievement of the following goals by 1980:

Accreditation

By July 1, 1977, each State School and Hospital shall achieve JCAH/ ACFMR Accreditation.

Population

1. The needs of every resident in each State School and Hospital shall have been assessed and individual programs developed.
2. The population of each State School and Hospital shall be reduced to a minimum of 50% of the January 1, 1975 population.
3. Provisions of the MH/MR Act of 1966 for mandated Mental Retardation programs shall be enforced.
4. There shall be an increase in appropriate community living alternatives to accommodate the minimum of a 50% reduction of residents in each State School and Hospital as well as those persons from the community.

Food Services

Achieve excellence in diet, food preparation and food handling.

Linen and Clothing Service

Clean, neat, fashionable, appropriate, individualized clothing shall be provided, as well as individual storage space.

Program

1. Full compliance with the Right to Education in all public and private facilities housing retarded persons.
2. Individual program plans based on a uniform evaluation of each individual.
3. Establishment and operation of Program Components in each State School and Hospital as indicated by individual needs.
4. Development and promulgation of uniform procedures involving the BSU, the individual, and his parents or guardians in all facets of residential placement.
5. Development of uniform accountability procedure with mechanism for correction of defects.

Housing

1. Clean, comfortable and well-decorated facilities.
2. Renovations currently underway to meet Life Safety Code and Medical Assistance requirements completed.
3. JCAH/ACFMR Accreditation in design, living unit equipment, safety, sanitation, housekeeping and maintenance.

Health Care

1. Full physical examination of each resident.
2. Development of a health care plan for each individual.
3. Corrective and preventive measures provided for each individual.

Other Recommendations

1. Avoid any involvement of the General State Authority in programs to renovate or replace old, unsafe buildings at State Schools.
2. Elimination of the current concept of "interim care" as a form of residential service.
3. The development of DPW regulations for State Schools and Hospitals based on JCAH/ACFMR Standards.
4. Halt all court commitments to State Schools and Hospitals. Court Commitments shall be the responsibility of County Administrators.
5. Revise structure, selection, qualification and authority of Boards of Trustees.
6. Development of Family Care Training Homes (foster care.)

PARC Action

On-going monitoring by PARC to assure implementation of the Plan by State Government.

SUMMARY OF THE PLAN

		STAGE I 1/1/75	STAGE II 7/1/75	STAGE III 7/1/76	STAGE IV 7/1/77	STAGE V 7/1/78	STAGE VI 7/1/79	STAGE VII 7/1/80
GOALS	* JCAH/ACFMR Accreditation				▱		LONG RANGE PLANNING FOR 1980-1985	
	* POPULATION reduction of 50% at each State School							▱
	* INDIVIDUAL PROGRAM placement with PAC and DPW Component Program			▱				
	* UNIFORM PROCEDURES to be developed for residential placement; service contracts between State Schools, BSU, parent/guardian and individual		▱					
	* STAFF to be involved in on-going training programs		▱					
	* FACILITIES to be well-decorated and meet JCAH/ACFMR Standards				▱			
	* CLOTHING to be appropriate			▱				
	* Improved HEALTH CARE			▱				
	* Improved FOOD SERVICE		▱					
	* Improved LINEN SERVICE		▱					
	ADDITIONAL RECOMMENDATIONS * Avoid G.S.A. involvement * Eliminate concept of "Interim Care " * Halt court commitments to State Schools * Develop alternatives to State Schools and Hospitals * Restructure Boards of Trustees							
ACTIONS REQUIRED	Actions Required by the State: Identify what has to be done, when, and by whom							
FUNDING	Identify where funds can be obtained to carry out goals							
PARC ACTION	Outlines monitoring actions by PARC membership to see that the Plan is implemented						New Planning Committee	

"A DESIGN FOR LIVING"

The following section presents the Plan in detail.

Specific recommendations in each of the separate areas of the Plan are outlined on a time table in which milestones are specified for completion on or before given dates, from 1975 to 1980, for each goal.

The time table is further expanded in a narrative that explains each item listed on the table.

POPULATION

POPU-LATION	1/31/75	7/1/75	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A. GOALS	Apply for JCAH evaluation	1.PAC Evaluation 2.Completion of JCAH self-survey: Request survey by JCAH team	1.IPP's completed 2.Developmental Units operational 3.Placement 4.10% minimum reduction in each State School & Hospital based on 1975 population	1.DPW Accountability completed 2.An additional 10% minimum reduction at each State School & Hospital based on their 1975 pop. 3.Meet JCAH Standards	1.DPW accountability completed 2.An additional 10% minimum reduction at each State School & Hospital based on their 1975 population 3.Meet JCAH Standards	1.Establish population goals for 1980-85 2.DPW review 3.An additional 10% minimum reduction at each State School & Hospital based on their 1975 population 4.Re-assess PARC Plan	Minimum reduction of 50% of the total 1975 base population in each State School & Hospital must be completed
B. ACTIONS REQUIRED	Apply for JCAH evaluation	1.Acquire & distribute PAC 2.In-service training in use of PAC 3.Application of PAC 4.Survey of physical plant 5.Admissions closed except transfers	1.Identification of residents 2.Identification of physical plant areas 3.Increase in community alternatives 4.Admissions closed completely	1.DPW self-survey 2.Increase in community alternatives 3.DPW enforcement of Co. programs ('66 MH/MR Act)	1.DPW self-survey 2.Increase in communities alternatives 3.DPW enforcement of CO. programs ('66 MH/MR Act)	1.Review of records, staff placement 2.Re-survey of population 3.Surveying of bldgs. 4.Staffing requirements 5.DPW self-survey 6.Increase in community alternatives	1.Continued implementation of population goals for 1980-85 2.Adjustments according to 1979 reassessment
C. FUNDING SOURCES	DPW	1.Cost: a.Materials b.Consultant fees c.Training by DPW staff 2.Funding sources: a.HEW, BVR, Devel. Disabilities b.Emergency appropriation c.DPW	CLA funds -- DPW budget	1.1976 Budget: DPW + Co. money; MA funds 2.BVR funds 3.Agency Service Purchase	1.1977 Budget: DPW + Co. money; MA funds 2.BVR funds 3.Agency Service Purchase	1978 Budget State Federal Private	1979 Budget State Federal Private
D. PARC ACTIONS & RESPONSES	1.PR & PI campaign 2.Legislative action	1.Publication of PARC Plan 2. PR & PI 3.Legislative action. Local political pressure	1.Co.BSU liaison 2.Public education 3.Parent education 4.Political pressure 5.PARC monitoring 6.Legislation and legal action on zoning	1.Chapter pressure on BSU's 2.Public education 3.On-site monitoring 4.Legislation 5.Political pressure	1.Chapter pressure on BSU's 2.Public education 3.On-site monitoring 4.Legislation 5.Political pressure	1.Monitoring 2.Political pressure 3.Legislation 4.Public education	1.Monitoring 2.Political pressure 3.Legislation 4.Public education

POPULATION

COMPLETION BY: JANUARY 31, 1975

A. GOALS

By January 1, 1975, each State School and Hospital shall apply for JCAH/ACFMR evaluation.

B. ACTIONS REQUIRED

Each State School and Hospital shall send a letter to the Joint Commission on Accreditation of Hospitals -- Accreditation Council for Facilities for the Mentally Retarded (JCAH/ACFMR) requesting survey and evaluation.

C. FUNDING SOURCES

Department of Public Welfare.

D. PARC ACTIONS AND RESPONSES

1. Publication of PARC Plan.
2. Public relations and public information campaign.
3. Legislative action and local political pressure.

POPULATION

COMPLETION BY: JULY 1, 1975

A. GOALS

1. By July 1, 1975 the Department of Public Welfare shall have assessed each individual in each State School and Hospital housing retarded residents, using the PAC Assessment Tool. This information shall also be transferred to a computer program for complete assessment of the total population of retarded residents in each of the Commonwealth's State Schools. This information shall be available for on-going evaluation of residents. In short, the OMR will then have all the data it needs for planning program needs and for future planning.

2. By this date, each State School and Hospital shall have completed the JCAH/ACFMR self-survey. At this time, each State School and Hospital shall request a survey by a team of professionals designated by the JCAH/ACFMR.

B. ACTIONS REQUIRED

1. The PAC materials shall be purchased and distributed to each State School and Hospital.

2. Each superintendent shall develop an in-service training program in the use of the PAC.

3. Each resident shall be assessed.

4. Physical plant shall be assessed to determine location of units (to include building, ward, special equipment and program area needs.)

5. All admissions to State Schools and Hospitals shall be closed, except transfers between these institutions. The exception to this is Woodhaven Center.

C. FUNDING SOURCES

1. Cost

    a. Cost of materials

    b. Consultant fees (if needed for training the "trainers.")

    c. Training by DPW staff.

2. Funding sources

    a. DPW can solicit funding from Health, Education and Welfare, Bureau of Vocational Rehabilitation and Developmental Disabilities for Training and consultation.

    b. Emergency appropriations for readjustment in staffing to meet staffing needs of DPW's Component Program.

    c. DPW training funds.

D. PARC ACTIONS AND RESPONSES

1. PARC must convince the DPW (or State Government) to then release details of the PAC assessment, DPW's Component Program, and short and long-range goals.

   a. If DPW refuses, PARC shall present its Plan itself, via mass media and a well-planned public relations campaign.

2. The public, through a Public Information program, shall be throughly briefed on the Plan.

3. Legislators shall be thoroughly briefed on the Plan.

4. Local Politicians shall become acquainted with the Plan through local chapters.

POPULATION

COMPLETION BY: JULY 1, 1976

A. GOALS

1. An Individual Program Plan (IPP), based on the PAC Assessment, shall be completed for each resident.

2. All Developmental Units (as outlined in DPW's Component Program), shall be staffed, located and in operation.

3. Each resident shall be placed in his or her proper Developmental Unit.

4. A minimum of an additional 10% reduction in population (based on the number of persons in residence as of January 1, 1975) shall be completed by each State School and Hospital.

B. ACTIONS REQUIRED

1. Each resident shall be identified and placed in an appropriate Developmental Unit according to the PAC Assessment tool.

2. Physical surroundings needed for realization of goals of Developmental Units shall be located, furnished and staffed.

3. There shall be an increase in appropriate community living alternatives to accomodate the minimum of a 10% reduction of residents in each State School and Hospital, as well as those persons in the community needing residential services. Residents' needs, county by county, shall be identified by data available from computer input based on PAC evaluation.

C. FUNDING SOURCES

DPW Budget -- State Community Living Arrangements Program, Private funds, County funds for community living alternatives.

D. PARC ACTIONS AND RESPONSES

1. County-BSU Liaison: ARC's shall have established a close working relationship with County personnel to insure:

   a. that planning is taking place for projected CLA needs;

   b. that services mandated by the 1966 MH/MR Act are being provided.

2. Public education (via community groups and the media) concerning the Plan -- explaining what it is and what it is not.

3. Parent education: Through the Pennsylvania Message, a synopsis of PARC's Plan mailed to parents, state-wide meetings and seminars. This includes the involvement of Parent Groups at State Schools and Hospitals, PARC regional and local representatives, PARC Committees, Regional Advisory Committees with DPW and so forth.

4. Support and pressure on local officials to realistically plan for community living alternatives, job opportunities, sheltered workshops, etc. in the Community, as mandated by the MH/MR Act of 1966. We must keep applying the mandates of the Act and imply that legal redress will be sought if the letter of the law is not followed.

5. Goals stated are to be completed by specified dates. Local ARC's shall make certain that these goals are being implemented, perhaps through their Residential Services Committees or through special task forces or teams.

6. Seek, beginning immediately, some unified legal process to confront the zoning problem, with legislation pending if possible, by July 1, 1976.

POPULATION

COMPLETION BY: JULY 1, 1977

A. GOALS

1. DPW accountability review shall be completed. This shall be an in-house DPW review of the effectiveness of its Component Program in:

   a. setting up program units;

   b. the effectiveness of Units in achieving state goals;

   c. the effectiveness of the PAC assessment tool for on-going evaluation;

   d. the effectiveness of dispersal based on PAC and the Component Program.

2. A minimum of an additional 10% reduction in population (based on the number of persons in residence as of January 1, 1975) shall be completed by each State School and Hospital.

B. ACTIONS REQUIRED

1. The DPW Self-survey shall include a review by State and Regional Offices of all programs in institutions and counties.

2. There shall be an increase in appropriate community living alternatives to accomodate the minimum of a 10% reduction of residents in each State School and Hospital, as well as those persons in the community needing residential services. Residents' needs, county by county, shall be identified by data available from computer input based on PAC evaluation.

3. Mechanism for DPW enforcement of 1966 MH/MR Act in effect. (This presupposes test cases in 1976 to bring counties in compliance.)

C. FUNDING SOURCES

1. DPW 1976-77 Budget shall include an increase in Community funds. There will be a decrease in the appropriation to State Schools and Hospitals because of availability of Medical Assistance (MA) funds.

2. Full use of funds from the Bureau of Vocational Rehabilitation (BVR).

3. Service purchase agreements with private agencies.

D. PARC ACTIONS AND RESPONSES

1. County Chapters still exerting pressure on BSU's for community living alternatives, job placement, development of recreational facilities, etc.

2. Public information and education as needed.

3. PARC Regional monitoring teams, as per 1976.
4. Appropriate legislation as needed.
5. Political pressure.

POPULATION

COMPLETION BY: JULY 1, 1978

A. GOALS

1. DPW accountability review shall be completed. This shall be an in-house DPW review of the effectiveness of its Component Program in:

   a. setting up program units;

   b. the effectiveness of Units in achieving state goals;

   c. the effectiveness of the PAC assessment tool for on-going evaluation;

   d. the effectiveness of dispersal based on PAC and the Component Program.

2. A minimum of an additional 10% reduction in population (based on the number of persons in residence as of January 1, 1975) shall be completed by each State School and Hospital.

B. ACTIONS REQUIRED

1. The DPW Self-survey shall include a review by State and Regional Office of all programs in institutions and counties.

2. There shall be an increase in appropriate community living alternatives to accomodate the minimum of a 10% reduction of residents in each State School and Hospital, as well as those persons in the community needing residential services. Residents' needs, county by county, shall be identified by data available from computer input based on PAC evaluation.

3. Mechanism for DPW enforcement of 1966 MH/MR Act in effect. (This presupposes test cases in 1976 to bring counties in compliance.)

C. FUNDING SOURCES

1. DPW 1976-77 Budget shall include an increase in Community funds. There will be a decrease in the appropriation to State Schools and Hospitals because of availability of Medical Assistance (MA) funds.

2. Full use of funds from the Bureau of Vocational Rehabilitation (BVR).

3. Service purchase agreements with private agencies.

D. PARC ACTIONS AND RESPONSES

1. County Chapters still exerting pressure on BSU's for community living alternatives, job placement, development of recreational facilities, etc.

2. Public information and education as needed.

3. PARC Regional monitoring teams, as per 1976.
4. Appropriate legislation as needed.
5. Political pressure.

POPULATION

COMPLETION BY: JULY 1, 1979

A. GOALS

1. Establish population goals for 1980-1985, based on DPW's Self-survey, County Responses and PARC Monitoring.

2. On-going accountability review by DPW.

3. A minimum of an additional 10% reduction in population (based on the number of persons in residence of January 1, 1975) shall be completed by each State School and Hospital.

4. Reassess the PARC Plan.

B. ACTIONS REQUIRED

1. State School and Hospital staff review of records, data, placement, etc.

2. Resurvey of population, using computer print-out of records kept after initial PAC assessment of 1975.

3. Survey of physical plant completed, with recommendations for use of old buildings, etc.

4. Projected staffing requirements for State Schools and Hospitals and community living alternatives. (This might include a freeze on hiring in State Schools and Hospitals or a change from traditional hiring patterns.)

5. On-going DPW in-house self-survey.

6. There shall be an increase in appropriate community living alternatives to accomodate the minimum of a 10% reduction of residents in each State School and Hospital, as well as those persons in the community needing residential services. Residents' needs, county by county, will be identified by data available from computer input based on PAC evaluation.

C. FUNDING SOURCES

1. State Schools and Hospitals: Higher percentage of Federal Medical Assistance funds.

2. Appropriation requested shall reflect increased State money for County programs with 100% State funding of County Programs in effect.

D. PARC ACTIONS AND RESPONSES

1. On-going monitoring by PARC through Regional Committees, County-BSU liaison, etc.

2. Political pressure, locally, where necessary.

3. Appropriate legislation as needed.
4. Public education and information.

POPULATION

COMPLETION BY: JULY 1, 1980

A. GOALS

A minimum reduction of 50% of the total 1975 base population in each State School and Hospital shall be completed by this time.

B. ACTIONS REQUIRED

1. Continued implementation of population goals for 1980-85 (as established by July 1, 1979).

2. Adjustments in program, staffing, consolidation of units, utilization of physical plant, and expansion of community living alternatives according to the 1979 re-assessment of the PARC Plan and DPW's Component Program.

C. FUNDING SOURCES

1. State Schools and Hospitals: Federal Medical Assistance monies.

2. Increased State money for County programs with 100% State funding of County programs in effect.

D. PARC ACTIONS AND RESPONSES

1. On-going monitoring by PARC through Regional Committees, County-BSU liaison, etc.

2. Political pressure, locally, where necessary.

3. Appropriate legislation as needed.

4. Public education and information.

PROGRAM

PROGRAM	1/31/75	7/1/75	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A. GOALS	1.Component program is DPW policy 2.Apply for JCAH evaluation regarding program 3.State Schools must be in full compliance with Rt. to Ed mandate 4.PAC concept adopted 5.Contract for service concept adopted	1.PAC Evaluation is completed for each resident 2.Complete JCAH self-survey 3.Request survey by JCAH Team	1.IPP is completed for each resident. 2.People are placed in their appropriate programs 3.All levels devel. units are operational 4.Level II exit module is phased out. 5. Contracts on IPP's completed	1. Level V Exit module phased out 2.Annual Reviews (re-examine the situation and project goals) 3.Each State School must meet JCAH standards for program	1.Level III Exit module phased out 2.Annual review by DPW	1.Re-assessment of goals for 1980-85 by PARC/DPW. 2. Annual review by DPW	1.Annual review by DPW 2.Implementation of recommendations based on 1979 reassessment
B. ACTIONS REQUIRED	1.Staffing levels must be proposed examined and redeveloped	1.Recruit staff for programs; orientation & in-service training programs for staff	1.Community placement for infants & children to age 5. 2.MH/MR to write IPP for infants & children under age 5	Dev. of community living and employment placements	1.Community living alternatives available. 2.Community classes in operation	1.Review by inst. & county 2.Re-survey with PAC 3.Survey of CLA's & community programs	Implement 1979 recommendations
C. FUNDING	1.DPW Institution budget 2. Dept. of Education	1.DPW 2.Dept. of Education	County MH/MR Program: 1.90% DPW 2.10% Local	1.Federal 2.State 3.Local	1.DPW 2.Dept. of Education	DPW	DPW
D. PARC ACTIONS & RESPONSES	1.Analyze the proposed staffing levels 2.Determine how PARC will monitor progress	1.Monitoring & on-site visitation 2.Due process hearings	1.Referral of infant & children to BSU 2.County Chapter monitoring 3.On-site inspection	1.Legislative action to secure single stream funding 2.Monitoring community programs 3.On-site visits to SS&H's.	1.Determine people and procedure for forthcoming PARC assessment 2.Monitoring of educational placements under Rt. to Education. 3.On-site visits to SS&H's. 4.Monitor community residential placements	1.Participate in re-assessment 2.Report to membership & parent groups 3.Public information re successes or failure of Plan 4.Monitoring of SS&H's community programs	1. Monitoring of SS&H's and community programs. 2.Public information

PROGRAM

COMPLETION BY: JANUARY 31, 1975

A. GOALS

1. The Component Program concept shall have been adopted by the Department of Education and the Office of Mental Retardation as the uniform state-wide programmatic policy for all mentally retarded persons living in a State School and Hospital.

2. By this time, application shall have been made by the Office of Mental Retardation, Department of Public Welfare, to the Joint Commission on Accreditation of Hospitals/Accreditation Council for Facilities for the Mentally Retarded (JCAH/ACFMR) to initiate self-surveys of all State Schools and Hospitals as a first step in seeking accreditation.

3. All State Schools and Hospitals shall have been brought into full compliance with the Right to Education Consent Decree through a cooperative effort by DPW-OMR and/or the Bureau of Special Education of the Department of Education to ensure that each mentally retarded school-age child is in a school-sponsored program appropriate to his or her needs.

4. The Gunzburg Progress Assessment Chart (PAC) shall have been adopted by the DPW-OMR as the uniform state-wide assessment tool for the individual evaluation of each mentally retarded person living in a State School.

5. The Service Delivery Contract concept shall have been adopted by DPW-OMR as a first step in establishing clear program goals, assignments of specific responsibilities for the delivery of the services, and an accountability factor for the performance of the stated responsibilities in behalf of every mentally retarded Pennsylvanian living in a State School.

B. ACTION REQUIRED

1. Staffing needs for Right to Education compliance must be identified.

2. Department of Education and DPW must analyze staffing needs and begin recruitment.

C. FUNDING SOURCES

1. DPW Institutional Budget.

2. Department of Education.

D. PARC ACTIONS AND RESPONSES

1. Right to Education Committee and Local Task Forces will analyze staffing requests and programs.

2. Establishing monitoring procedure for on-site visits to all State Schools and Hospitals.

PROGRAM

COMPLETION BY: JULY 1, 1975

A. GOALS

1. Progress Assessment Charts shall have been completed on each mentally retarded individual residing in a State School and Hospital. A computerized system for storage and retrieval of this information shall be initiated and used on an on-going basis.

2. All JCAH/ACFMR self-surveys shall have been completed on all State Schools and Hospitals.

3. Application shall have been made by DPW-OMR to JCAH/ACFMR for an evaluation of each State School and Hospital by the JCAH/ACFMR evaluation team.

B. ACTION REQUIRED

Staff shall be recruited or oriented and in-service training must be completed so that classes can begin in September.

C. FUNDING SOURCES

1. Department of Public Welfare

2. Department of Education

D. PARC ACTIONS AND RESPONSES

1. On-going monitoring through on-site visitations to State Schools and Hospitals.

2. Advise parents and ARC's on due process hearings for the Right to Education.

PROGRAM

COMPLETION BY: JULY 1, 1976

A. GOALS

1. Individual program plans, based on the Progress Assessment Chart (PAC), shall have been formulated for each mentally retarded citizen living in a state-owned facility.

2. Retarded individuals shall have been placed in appropriate program components according to the policy that components available in the community are preferred over components in State Schools.

3. All Component program developmental units shall have been established and shall be operational in each State School and Hospital, except for the infant and child development components. (See #4.)

4. All infant and child development components shall have been established in the community in suitable facilities and shall be operational. With the phase-out of Level II, children aged 5 or under shall no longer be residing at State Schools.

5. All contracts on service delivery, in accordance with individual program plans, shall be completed and in force.

B. ACTIONS REQUIRED

1. All infants and children under age 5 shall be placed in community-based facilities/residences.

2. MH/MR, through the Base Service Unit's Mental Retardation staff, shall develop an individual program plan for each child. This Plan shall include complete diagnostic evaluation. Parents/guardians shall be consulted in the development of the Plan.

C. FUNDING SOURCES

County MH/MR Program: 1. 90% - DPW
2. 10% - County Funds

D. PARC ACTIONS AND RESPONSES

1. Referral of infants and children to Base Service Units.

2. Monitoring by local PARC Chapters concerning the development of individual program plans.

3. On-site inspections at State Schools and Hospitals to make certain that infants and children have been placed in community settings and that State School residents are receiving appropriate programs.

PROGRAM

COMPLETION BY: JULY 1, 1977

A. GOALS

1. All supervised occupational experience components (Level V) shall have been transferred and be operational in the community.

2. An annual review shall have been completed by State School and Hospital staff and DPW staff which will re-examine the component program to determine whether or not the goals have been accomplished. Recommendations for revisions or other actions shall be made as a result of this review.

3. JCAH/ACFMR Standards for program shall have been met.

B. ACTIONS REQUIRED

Development of community living alternatives, employment slots and workshop programs for persons leaving State Schools.

C. FUNDING SOURCES

1. Federal
2. State
3. Local

D. PARC ACTIONS AND RESPONSES

1. Seek legislation on Federal and State level for single stream funding.

2. Monitor community living alternatives and placement in workshops, jobs, etc.

3. Continue on-site visits to State Schools and Hospitals to assure compliance with the Plan.

PROGRAM

COMPLETION BY: JULY 1, 1978

A. GOALS

1. The Level III Educational Component shall have been phased out. All residents between ages 5 and 21 shall have been placed in community-based facilities and school programs operated by the local Intermediate Units.

2. Annual review (on-going review by DPW of its Component Program).

B. ACTIONS REQUIRED

1. Establishment of community living alternatives for all children and young adults from ages 5 to 21.

2. The local Intermediate Unit, under the Right to Education, must provide a program of education and training in the local community for children and adults age 5 - 21.

C. FUNDING SOURCES

1. DPW funding for community placements.

2. Department of Education - Educational programs at the local I.U. level.

D. PARC ACTION AND RESPONSES

1. PARC shall select representatives and adopt procedures for assessing the Plan.

2. The Right to Education Committee and Local Task Forces shall analyze staffing requests and program.

3. Establishing monitoring procedure for site visits to all State Schools and Hospitals.

4. Monitor community residential placements.

PROGRAM

COMPLETION BY: JULY 1, 1979

A. GOALS

1. Re-assessment of program goals for 1980-85 based on joint review by PARC and DPW.

2. On-going annual review and self-survey of Component Program by DPW.

B. ACTIONS REQUIRED

1. Review of records, data, placement, etc. by institutional staff, as well as County MH/MR personnel.

2. Re-survey and updates of population based on PAC Assessment.

3. Survey of community residences, community work programs and school programs.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. Participation in re-assessment study.

2. Complete report to membership and parent groups on success or failure of Plan.

3. Public information on progress of the Plan and any new projections, recommendations, etc.

4. On-going on-site visits and monitoring of State Schools and Hospitals and placements in the community.

PROGRAM

COMPLETION BY: JULY 1, 1980

A. GOALS

1. On-going annual reviews by DPW.

2. Implementation of recommendations made in the area of programming, based on the 1979 re-assessment.

B. ACTIONS REQUIRED

Implement 1979 Recommendations (adjustments in program, staffing, consolidation of units, physical plant use, etc.) on the basis of 1979 re-assessment of the Component Program.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. On-going monitoring of State Schools and Hospitals and placements in the community.

2. Public information.

STAFFING

AND

STAFF TRAINING

STAFFING & STAFF TRAINING	1 /31/75	7/1/75	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A GOALS	1.Staffing ratios determined 2.Staff training in use of PAC 3.Apply for JCAH Accreditation	1.All staff using PAC 2.All staff in place in Component Program 3.All staff in dev. of IPP's. 4.In-service training developed 5.Self-survey on JCAH staffing Stand. 6.Provisional status employees recruited	1.Evaluation of training procedures 2.Staff evaluation 3.Request staffing & trng programs surveyed by JCAH team	1.Recommendation for additional staff trn. 2.JCAH staffing & training standards met. 3.Staff shift to community program	1.Ongoing assessment of training program. 2.On-going assessment of staff performance. 3.Staff shift to community prog.	1.New training program in effect on basis of 1978 recommendations 2.On-going assessment of staff performance. 3.Staff shift to community prog.	1.Assessment of training program 2.On-going assessment of staff performance 3.Staff shift to community program.
B. ACTIONS REQUIRED	1.New staff recruited or transferred 2.In-service training program developed 3. Consultants in training, PAC, etc. hired	1.Training in use of PAC 2.Assignment to Component Program. 3.Direct care staff plus interdisciplinary team & BSU involved in IPP 4.Career counseling for provisional employees	1.Development of standarized performance rating technique 2.Salary & promotional incentives for training participation 3.Career counseling for staff to move to community	1.Review of new developments in MR 2.Inclusion of new proven trng. technique in future service training program. 3.On-grounds trng. for future houseparents, community work, etc.	1.New technique information, knowledge including trng. progs. 2.Career counseling 3.Salary incentives	1.All employees in new trng. program. 2.Career counseling 3.Salary incentives	1.Career counseling 2.Salary incentives
C. FUNDING SOURCES	DPW training funds	1.DPW training funds 2.Federal funds	1.DPW training funds 2.Federal grants	1.DPW trng. funds 2.Federal grants	1.DPW trng.funds 2.Federal grants	1.DPW trng funds 2.Fed. grants	1.DPW trng. funds 2.Fed. grants
D. PARC ACTIONS & RESPONSES	1.Request staffing ratio report 2.Observe staff involvement in training 3.On-site visits & reports to PARC Office, ARC's & parent groups	1.Monitor staffing, training, placement in Component programs 2.On-site visits & reports to Parent Groups, ARC's, & PARC Office	1.On-site monitoring of program, staffing ratios, etc. 2.Reports of visits to Parent Groups, ARC's, & PARC Office	1.NARC Consultants to recommend new techniques of training, etc. 2.On-site monitoring of program, staffing ratios,etc 3.Reports to Parent Groups, local ARC's & PARC Office	1.Suggest consultants to DPW 2.On-site monitoring of program staffing ratios etc. 3.Reports to parent groups, ARC's, & PARC office	1.Review new training program with consultants 2.On-site monitoring of program, staffing ratios,etc. 3.Reports to Parent Groups,ARC's, & PARC Office	1.On-site monitoring of program, staffing ratios, etc. 2.Reports to Parent Groups, ARC's & PARC Office

trng= training
dev= development
prog.=program

STAFFING AND STAFF TRAINING

COMPLETION BY: JANUARY 31, 1975

A. GOALS

1. Staffing ratios must be based on JCAH/ACFMR Standards or federal regulations rather than the staffing ratio recommended by the DPW Component Program. There is a danger in building large staffing components into various units at State Schools as recommended by the DPW Component Plan. This would clearly lead to the problem of excessive staffing as the populations at State Schools decrease.

As a rule of thumb in developing staffing patterns for the various components or units, it appears both feasible and practical to utilize those standards set forth by the Federal Government in their 1974 Intermediate Care regulations for facilities for retarded persons. These regulations call for:

a. A staffing ratio of one staff member for every two children for young, severely and profoundly retarded children who exhibit hyperactive behavior or other types of behavior problems.

b. Units serving moderately retarded residents who require habit training would need a staffing ratio of one staff person for every 2.5 individuals.

c. Those units serving residents in vocational training programs, such as adults who work in sheltered environments, would require a staffing ratio of one staff member for every five residents.

2. Staff training in the use of the PAC tool shall have been completed.

3. Begin JCAH/ACFMR Staffing ratio survey by applying for JCAH/ACFMR accreditation in staffing and staff training.

B. ACTIONS REQUIRED

1. On the basis of needs in Component Levels, new staff may need to be recruited. Existing staff shall be transferred or reassigned to specific component programs, on the basis of experience, expertise and preference.

2. In-service training programs shall be developed in order to provide training necessary for all staff to utilize the PAC Assessment tool.

3. Consultants familiar with PAC and consultants with expertise in development of training programs shall have been hired.

C. FUNDING SOURCES

DPW Training Budget

D. PARC ACTIONS AND RESPONSES

1. PARC will request staffing ratio report.

2. PARC and regional and county Residential Services Committees shall visit State Schools and Hospitals to observe staff involvement in training and determine if such training is taking place.

3. Reports of visits shall be sent to local ARC's, parent groups, and the PARC Office.

STAFFING AND STAFF TRAINING

COMPLETION BY: JULY 1, 1975

A. GOALS

1. All staff shall be familiar with and using the PAC Assessment Tool in observing and working with residents.

2. All staff assignments to Component Programs levels shall be completed with staff in place and on the job in the unit.

3. All staff shall be involved in the development of individual program plans for each resident in the Unit.

4. An in-service training program for staff shall have been developed.

With the development of various component units with clear cut developmental and programmatical goals, staff expectation and performance should be rated and evaluated in terms of set criteria. Therefore, an intensive staff training and developmental program is indicated. Such training shall be individualized in terms of the component unit and shall reflect the needs of the individual residents with each unit.

When the PAC assessment tool is adopted, the various components of the assessment scale could be utilized as areas for potential training of staff. Staff shall be trained not only in the use of behavior modification and various other techniques to assist individuals in developing the necessary skill components but shall also be involved in the actual assessment procedure itself. Ward personnel shall become active parts of the interdisciplinary teams to be utilized within each component. Since they will spend the majority of their time with individual residents, they are in an excellent position to be involved in both skilled training and the assessment of skills.

Something that must be built into the system and training program is a recognition of outstanding performance by individual staff people. In this way, there is an incentive for individuals to excel. Such recognition should come in terms of increasing responsibility as well as monetary reimbursement.

In addition to the necessary skill training that is provided to component unit personnel, a good deal of ideology and philosophy shall also be incorporated into their training programs. In other words, one of the clear goals of their training should be the movement of individuals into the community and, in turn, the movement of staff itself from the traditional institution to community positions. Thus, as individuals progress and are reintegrated into the community, the size of the staff remaining in the State School can also be decreased.

5. JCAH/ACFMR Self-survey in staffing and staffing ratios shall have been completed.

6. A "provisional status" employee category shall have been established with written job descriptions and a provisional staff recruiter. This role requires new methods of evaluation that differ markedly from those currently existing under the Civil Service provisions. New staff persons that are hired in order to bring State School programs up to recommended ICF or Skilled Nursing standards should, if possible, be hired under some kind of provisional status. Such provisions should not be time limited but should instead be limited in terms of where these individuals' services will be utilized at given points in the future. In other words, staff may be hired for a period of time to be utilized in the State School. However, as the population begins to develop some skills necessary for transition into community programs, the staff might be hired or transferred to developing or merging community programs. Likewise, staff who are already on board may be given the option of relocating their position to one in the community. Such procedures would allow for an orderly reduction of State School resident populations and staff. At the same time, it would permit maximum coverage for individuals as needed.

B. ACTIONS REQUIRED

1. All training in the use of the PAC as an on-going assessment tool shall have been completed. Staff shall be using the Progress Assessment Charts as basis for daily programming.

2. All assignments to Component programs shall have been completed on the basis of experience, expertise and preference to work in a specific Component level. Job descriptions for all personnel shall have been written, and shall include specific duties, techniques, etc.

3. Direct care staff shall be involved with interdisciplinary staff as well as BSU Staff in the development of individual program plans for each resident in each Component Program level.

4. Career counseling shall be available for provisional employees. The basis of this counseling shall be the preparation of these employees to move into positions in the community.

C. FUNDING SOURCES

1. DPW Training Funds

2. Possible Federal Funds for Training and Career Counseling

D. PARC ACTIONS & RESPONSES

1. PARC, local Chapters, local and regional Residential Services Committees shall monitor staffing through requesting complement reports, staffing ratios in each level, in-service training reports, manuals, etc.

2. On-site visits by PARC, local county, and regional Residential Service Committee to insure that all units are properly staffed and that staff has been trained, IPP's written and developmental units operational. Reports of these visits will be sent to the PARC Office, Local ARC's and Parent Groups.

STAFFING AND STAFF TRAINING

COMPLETION BY: JULY 1, 1976

A. GOALS

1. An evaluation of training procedures shall have been completed. This shall include an evaluation of training being given to new employees and provisional employees, as well as evaluation or on-going in-service training.

2. An evaluation of staff performance shall have been completed. This shall include recommendations for further training.

3. Survey by JCAH/ACFMR team in area of Staffing and Staff Training shall be requested.

B. ACTIONS REQUIRED

1. A standardized performance rating procedure, based on job description, duties, etc. shall have been developed.

2. Salary and promotional incentives shall have been developed for staff participating in on-going training, improvement in job schools, further education, etc.

3. Career counseling and placement for staff moving into community programs shall be provided.

C. FUNDING SOURCES

1. DPW

2. Federal Funds

3. Special Grants

D. PARC ACTIONS AND RESPONSES

1. PARC, local Chapters, local and regional Residential Services Committees should monitor staffing through requesting complement reports, staffing ratios in each level, in-service training reports, manuals, etc.

2. On-site visits by PARC, local county, and regional Residential Service Committees to insure that all units are properly staffed and that staff has been trained, IPP's written and developmental units operational. Reports of these visits shall be sent to the PARC Office, Local ARC's and Parent Groups.

STAFFING AND STAFF TRAINING

COMPLETION BY: JULY 1, 1977

A. GOALS

1. Recommendations for additional staff training shall have been completed. These recommendations shall be the result of evaluation of training program and performance evaluations of staff done during the previous year.

2. JCAH/ACFMR Accreditation in Staffing and Staff Training.

3. Provisional staff and other staff shall move into community programs, as a result of a shift in population.

B. ACTIONS REQUIRED

1. A review of new developments in the field of mental retardation shall have been completed.

2. New and proven training techniques shall be included in recommendations for future training programs.

3. On-site training for house parents, aides in community programs, etc. shall be developed, along with continuing career counseling.

C. FUNDING SOURCES

1. DPW - Training

2. Federal Funds

D. PARC ACTIONS AND RESPONSES

1. Recommend NARC Consultants to DPW to assist in developing training programs.

2. On-site monitoring of program, staffing ratios, training program, by PARC, Regional and Local Residential Service Committees.

3. Reports of on-site visits sent to the PARC Office, local ARC's and parent groups.

STAFFING AND STAFF TRAINING

COMPLETION BY: JULY 1, 1978

A. GOALS

1. On-going assessment of training program for 1977-78 shall be completed.

2. On-going assessment of staff performance in Component Programs shall continue.

3. Provisional staff and other staff shall move in to community programs, as a result of resident movement to community-based facilities and programs.

B. ACTIONS REQUIRED

1. New techniques, information and knowledge explored in the 1977 study of training programs shall be included in the 1978 training programs and shall provide the basis of a comparative analysis of the training program.

2. Career counseling shall be made available for staff, as well as placement in community programs.

3. Salary and promotional incentives shall be provided for staff on the basis of continuance in on-going training, development of skills, and job performance.

C. FUNDING SOURCES

1. DPW

2. Federal grants

D. PARC ACTIONS AND RESPONSES

1. PARC should continue to suggest nationally known consultants to DPW to assure that training techniques and programs reflect new knowledge and techniques in working with retarded persons.

2. On-site monitoring of program, staffing ratios, training program, by PARC, Regional and Local Residential Services Committee.

3. Reports of on-site visits sent to the PARC Office, Local ARC's and parent groups.

STAFFING AND STAFF TRAINING

COMPLETION BY: JULY 1, 1979

A. GOALS

1. New training programs shall be in effect and based on the 1978 reassessment and resulting recommendations, as well as recommendations of national consultants in the field of Mental Retardation.

2. On-going assessment of staff performance shall continue.

3. Staff shift to community programs shall continue.

B. ACTIONS REQUIRED

1. All employees shall be involved in the new training program. This will insure that they are utilizing new techniques and knowledge in "on the job" situations.

2. Career counseling shall be made available for staff, as well as placement in community programs.

3. Salary and promotional incentives shall be provided for staff on the basis of continuance in on-going training, development of skills, and job performance.

C. FUNDING SOURCES

1. DPW

2. Federal grants

D. PARC ACTIONS AND RESPONSES

1. Review of new training programs with consultants.

2. On-site monitoring of programs, staffing ratios, and training program by PARC, Regional and Local Residential Services Committees.

3. Reports of on-site visits sent to the PARC Office, Local ARC's and parent groups.

STAFFING AND STAFF TRAINING

COMPLETION BY: JULY 1, 1980

A. GOALS

1. An assessment of the training program shall have been completed.

2. On-going assessment of staff performance shall continue.

3. Staff shift to community programs shall continue.

B. ACTIONS REQUIRED

1. Career counseling shall be made available for staff as well as placement in community programs.

2. Salary and promotional incentives shall be provided for staff on the basis of continuance in on-going training, development of skills, and job performance.

C. FUNDING SOURCES

1. DPW

2. Federal Grants

D. PARC ACTIONS AND RESPONSES

1. On-site monitoring of programs, staffing ratios, training program, by PARC, Regional and Local Residential Services Committees.

2. Reports of on-site visits sent to the PARC Office, local ARC's and parent groups.

HOUSING

HOUSING	1/31/75	7/1/75	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A. GOALS	1.Clean up facilities 2.Plans to improve comfort,attractiveness of interior completed 3.Apply for JCAH Accreditation	1.Redecorate interior 2.Provide privacy in toilets 3.Complete JCAH self-survey & request survey by expert team	1.Meet Life Safety Code & Medical Assistance Standards 2.JCAH team survey completed	Meet JCAH Standards on living units, safety, sanitation, housekeeping & maintenance	1.Maintain JCAH Standards on living units, safety,sanitation, housekeeping &maintenance. 2.Each State School accredited by JCAH 3.Reassess housing requirements for (1980-85)	Each State School accredited by JCAH & maintaining standards	Each State School accredited by JCAH & maintaining standards
B. ACTIONS REQUIRED	1.DPW issue directive on housekeeping. 2.Supt. personally verify cleanliness 3.DPW retain decorator & design consultant 4.DPW make unannounced spot checks	1.State Schools plan improvements 2.State Schools carry out redecoration & verify completion 3.DPW make unannounced spot checks	1.State Schools carry out renovations & verify completion. 2.Proper agencies inspect for compliance with standards 3.DPW make unannounced spot check	1.State Schools submit plan for compliance. 2.DPW provide funds for renovations. 3.DPW require JCAH re-survey 3.DPW make unannounced spot checks	1.DPW initiate study to review requirements and revise housing plan 2. DPWmake unannounced spot checks	DPW make unannounced spot checks	DPW make unannounced spot checks
C. FUNDING SOURCES	1.DPW 2.Grant for design consultant	DPW	DPW	DPW	DPW	DPW	DPW
D. PARC ACTIONS & RESPONSES	1.Take part in spot checks 2.Reports to PARC Office, local ARC's & parent groups	1.PARC plan for monitoring compliance 2.Take part in spot checks 3.Reports to PARC Office, local ARC's & parent groups	1.Notification of compliance from DPW 2.Take part in spot checks. 3.Reports to PARC Office, local ARC's & parent groups	1.Request to review plan for compliance & monitor progress 2.Take part in spot checks 3.Reports to PARC Office, local ARC's & parent groups	1.Take part in DPW study 2.Take part in spot checks 3.Reports to PARC Office, local ARC's & parent groups	1.Take part in spot checks 2.Reports to PARC Office, local ARC's & parent groups	1.Take part in spot checks 2.Reports to PARC Office, local ARC's & parent groups

HOUSING

COMPLETION BY: JANUARY 31, 1975

A. GOALS

1. Each State School and Hospital shall have undergone a thorough "housecleaning."

2. Plans to improve the comfort and attractiveness of interiors and resident-living areas in state institutions shall have been completed. These plans shall include recommendations for painting, draperies, carpeting, furnishings, etc.

3. Each State School and Hospital shall have applied for JCAH/ACFMR Accreditation in living units, safety, sanitation, housekeeping and maintenance.

B. ACTIONS REQUIRED

1. Department of Public Welfare shall issue a directive on "regular housekeeping and maintenance procedures which will ensure that the institution is maintained in a safe, clean and attractive condition." (Order of U.S. District Court re Partlow State School and Hospital, Alabama, in the case of Wyatt v. Stickney, April 13, 1972.)

2. The Superintendent of each State School shall personally verify the cleanliness of his facility and report to the Department of Public Welfare that the directive has been complied with.

3. The Department of Public Welfare shall retain the services of a decorator and design consultant to advise each Superintendent and staff on ways to make living areas more comfortable and attractive at a reasonable cost.

4. Department of Public Welfare shall make spot checks at each State School to verify cleanliness.

C. FUNDING SOURCES

1. Department of Public Welfare Institutional budget.

2. Possible grant for retention of design consultant.

D. PARC ACTIONS AND RESPONSES

1. PARC chapters shall take part in spot checks of institutions for cleanliness.

2. Results of spot checks shall be reported to the PARC Office, parent groups of State Schools and local ARC's.

HOUSING

COMPLETION BY: JULY 1, 1975

A. GOALS

1. Interiors and living areas shall be redecorated by the above date.

2. State Schools shall have met JCAH/ACFMR Standards on privacy and convenience in toilet areas (Section 2.7.5)

3. JCAH/ACFMR Self-Survey shall have been completed and a survey by JCAH/ACFMR Survey Team shall be requested.

B. ACTIONS REQUIRED

1. A plan shall be submitted to the Department of Public Welfare specifying the improvements to be made based on recommendations of a decorator and design consultant. After review and approval, funds shall be provided for lighting, drapes, chairs, rugs, furnishings, etc. Where rugs are not feasible, the floors shall have a "resilient, comfortable, attractive, nonabrasive, and slip-resistant surface" as called for in the JCAH/ACFMR Standards.

2. Redecoration shall have been completed and verified by on-site observations and reports by Superintendents by July 1, 1975.

3. Department of Public Welfare shall make spot checks at each State School to verify compliance.

C. FUNDING SOURCES

Department of Public Welfare Institutional budget.

D. PARC ACTIONS AND RESPONSES

1. PARC, through its State Residential Services Committee (and Local and Regional Residential Services Committees,) shall develop and review a plan to monitor compliance with redecorating plans and the housekeeping directive.

2. PARC chapters shall take part in spot checks of State Schools and Hospitals for cleanliness.

3. Results of spot checks shall be reported to the PARC Office, parent groups of State Schools and local ARC's.

HOUSING

COMPLETION BY: JULY 1, 1976

A. GOALS

1. All buildings housing residents shall meet Life Safety Code and federal Medical Assistance standards.

2. JCAH/ACFMR Team Survey shall have been completed.

B. ACTIONS REQUIRED

1. By this date, the renovations currently being made according to Life Safety Code and Medical Assistance requirements shall be completed. Each Superintendent shall verify completion of the renovation.

2. Proper state and local agencies and authorities shall inspect each facility for compliance with the requirements.

3. Department of Public Welfare shall conduct spot surveys to assure compliance.

C. FUNDING SOURCES

Department of Public Welfare Institutional budget

D. PARC ACTIONS AND RESPONSES

1. PARC shall receive reports of compliance from the Department of Public Welfare.

2. PARC Chapters shall take part in spot checks in State Schools.

3. Reports of these spot checks shall be sent to the PARC Office, parent groups at State Schools, and local ARC's.

HOUSING

COMPLETION BY: JULY 1, 1977

A. GOALS

JCAH/ACFMR Standards on design and equipping of living units, safety, sanitation, housekeeping and maintenance shall have been met in each State School.

B. ACTIONS REQUIRED

1. Prior to compliance with JCAH/ACFMR Standards, each State School shall have submitted to Department of Public Welfare a plan for compliance with JCAH/ACFMR Standards, based on the results of the previous self-survey.

2. Department of Public Welfare shall have provided funds for necessary renovations.

3. Ascertain if possible construction is required to meet the program needs of individuals as determined by the assessment tools established in this Plan and in accordance with:

    a. The JCAH/ACFMR Standards;

    b. The population and program projections as set forth in this Plan, including population reduction and the possibility of transfer;

    c. Consideration of the time frame required for construction;

    d. Commitment of resources and supportive services for programming.

4. Department of Public Welfare shall require a JCAH/ACFMR resurvey after the work has been completed.

5. Department of Public Welfare shall continue to make spot checks to assure compliance.

C. FUNDING SOURCES

Department of Public Welfare Institutional budget.

D. PARC ACTIONS AND RESPONSES

1. PARC shall request to review the plan submitted to Department of Public Welfare by each State School for compliance with JCAH/ACFMR Standards.

2. PARC local chapters shall continue to take part in spot checks of State Schools and Hospitals.

3. Results of spot checks shall be reported to the PARC Office, parent groups and local ARC's.

HOUSING

COMPLETION BY: JULY 1, 1978

A. GOALS

1. Each State School shall continue to meet all JCAH/ACFMR Standards on living units, safety, sanitation, housekeeping and maintenance.

2. Each State School shall have been accredited by JCAH/ACFMR.

3. A re-assessment of housing requirements for 1980 - 1985, based on population reductions and future needs, shall begin.

B. ACTIONS REQUIRED

1. Department of Public Welfare shall initiate a study to review the entire plan set forth in this section in the light of nearly four years' experience and shall re-assess the housing requirements for the period of 1980-85.

2. The Department of Public Welfare shall continue on-site spot checks to assure compliance.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. PARC shall be part of the team which initiates the above study. Residents and parent groups from State Schools shall also be involved.

2. PARC local chapters shall take part in spot checks of State Schools and Hospitals.

3. Results of these spot checks shall be reported to the PARC Office, parent groups of State Schools and local ARC's.

HOUSING

COMPLETION BY: JULY 1, 1979

A. GOALS

Each State School shall continue to meet all JCAH/ACFMR Accreditation Standards.

B. ACTIONS REQUIRED

Department of Public Welfare shall continue to make spot checks to assure continued compliance with JCAH/ACFMR Standards.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. PARC local chapters shall continue to do spot checks in State Schools and Hospitals.

2. Reports of these spot checks shall be shared with the PARC Office, parent groups and local ARC's.

HOUSING

COMPLETION BY: JULY 1, 1980

A. GOALS

Each State School shall continue to meet all JCAH/ACFMR Accreditation Standards.

B. ACTIONS REQUIRED

Department of Public Welfare shall continue to make spot checks to assure continued compliance with JCAH/ACFMR Standards.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. PARC local chapters shall continue to do spot checks in State Schools and Hospitals.

2. Reports of these spot checks shall be shared with the PARC Office, parent groups and local ARC's.

HEALTH CARE

HEALTH CARE	1/31/75	1/1/76	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A. GOALS	Apply for JCAH certification	1.Health care plan for each resident (including dental) 2.Initiate treatment plans 3.Critical review of individual drug programs 4.Prescriptive foot care plan for each resident 5.Prosthetic devices supplied 6.JCAH self-survey 7.Request JCAH survey team	1.On-going treatment to include: prevention correction 2.Annual medical & dental checkups 3.JCAH hospital approval	1.On-going treatment to include: prevention correction 2.Annual medical & dental checkups	1.On-going treatment to include: prevention correction 2.Annual medical & dental checkups	1.Re-assess Health care plans 2.On-going treatment 3.Annual medical & dental checkups	1.Treatment based on 1979 re-assessment 2.Annual medical & dental checkups
B. ACTIONS REQUIRED	Apply for JCAH survey & evaluation	1.Health care teams established 2.Consultative services established 3.All physicians licensed 4.Medical treatment plan conferences 5.Podiatry contracts 6.Increase budget 7.DPW directives re drugs	1.Salary increase for physicians 2.Liaison with Universities & AMA, ADA, etc. 3.Sufficient medical, dental & consultant staff	1.Specialists Board certified 2.Sufficient medical, dental & consultant staff 3.Internship programs	1.Sufficient medical, dental & consultant staff 2.Internship programs	1.Sufficient medical, dental & consultant staff 2.Internship programs 3.Conferences with parents, staff	1.Sufficient medical, dental & consultant staff 2.Internship programs
C. FUNDING	DPW	1.DPW 2.MA Funds	1.DPW 2.MA Funds	1.DPW 2.MA Funds	1.DPW 2.MA Funds	1.DPW 2.MA Funds	1.DPW 2.MA Funds
D. PARC ACTIONS & RESPONSES	1.Publication of Plan 2.PR & PI campaign 3.Legislative & political action	1.Monitoring 2.Recommended Decker System 3.Contact AMA & U. Medical Schools	1.Monitoring 2.Recommended Decker System 3.Contact AMA & U. Medical Schools	Monitoring	1.Monitoring 2.Survey of internship program	1.Monitoring 2.Assess AMA & University Medical School involvement	1.Monitoring 2.Parent survey

HEALTH CARE SERVICES

COMPLETION BY: JANUARY 31, 1975

A. GOALS

Each State School and Hospital shall have applied for JCAH/ACFMR Accreditation.

B. ACTIONS REQUIRED

Each State School and Hospital shall send a letter to JCAH/ACFMR requesting survey and evaluation.

C. FUNDING SOURCES

Department of Public Welfare.

D. PARC ACTIONS AND REPONSES

1. Publication of PARC Plan.
2. Public relations and public information campaign.
3. Legislative action and local political pressure.

HEALTH CARE SERVICES

COMPLETION BY: JANUARY 1, 1976

A. GOALS

1. A health care plan for each resident shall be written, based on a complete medical and dental examination of each resident. This plan shall be discussed with parents and guardians of the resident, and specific needs of the resident shall be identified.

2. Treatment plans, based on the health care plan, shall be initiated.

3. A critical review of individual drug programs shall be completed and reviewed on the basis of the needs of the individual. The excessive use of drugs or the use of drugs merely for staff convenience shall be eliminated.

4. A prescriptive foot care plan shall be written for each resident, based on podiatry examinations.

5. Prosthetic devices (glasses, hearing aids, dentures, braces, etc.) shall be provided on the basis of the health care and treatment plans.

6. Each State School and Hospital shall begin a JCAH/ACFMR self-survey.

7. Each State School and Hospital shall request survey by a JCAH/ACFMR survey team in the Health Care area.

B. ACTIONS REQUIRED

1. A health care team shall be provided to serve each unit. This would include direct care and consulting specialty staffs.

2. Consultative services shall be established both in and outside of the institution and shall include the use of all specialities.

3. All physicians and nurses shall be licensed to practice in the Commonwealth of Pennsylvania.

4. Conferences with program and direct-care staff shall be arranged in order to insure implementation of the health care plan. Parents, nurses, doctors and program staff shall be present at each conference.

5. Purchase of service contracts with podiatrists shall be negotiated for each State School and Hospital.

6. Provisions shall be made in the institutional budget for upgrading the quality of medical staff, consultative services, etc.

7. DPW shall issue a directive concerning the appropriate use of drugs. Superintendents shall be responsible for compliance.

C. FUNDING SOURCES

1. DPW Institutional Budget

2. Medical Assistance Funds

D. PARC ACTIONS AND RESPONSES

1. PARC shall monitor the State Schools and Hospitals to insure that health plans are written, medical and dental checkups are given, treatment plans are initiated, and drug abuse is eliminated.

2. Recommend the use of the Decker Plan for use in all State Schools and Hospitals. The Decker Plan outlines a "system for planning and achieving comprehensive health care in residential institutions for the mentally retarded." It provides for a clinical evaluation of each resident's health status, the establishment of individual health and habilitation goals, and the development of a health care plan for each resident.

3. Contact shall be made with the Pennsylvania Medical Society to insure that only licensed physicians are practicing in State Schools and Hospitals. PARC local Chapters shall also attempt to interest University Medical Schools in establishing internships in State Schools and Hospitals and including courses in Mental Retardation in Medical School curricula.

HEALTH CARE SERVICES

COMPLETION BY: JULY 1, 1976

A. GOALS

1. On-going medical and dental treatment shall be provided for each State School and Hospital resident, including prevention and correction programs.

2. Annual medical and dental checkups shall be done for each resident.

3. The Hospital and Health Care Services shall be JCAH/ACFMR accredited.

B. ACTIONS REQUIRED

1. Salary increase for physicians, in order to attract competent medical staff.

2. Liaison to be established with Medical Schools, Universities, the American Medical Association (AMA), and the American Dental Association (ADA) for the initiation of an internship program at State Schools.

3. Sufficient medical, dental and specialty consultant staff shall be available at rates agreeable to DPW, physicians, and dentists.

C. FUNDING SOURCES

1. Department of Public Welfare

2. Medical Assistance Funds

D. PARC ACTIONS AND RESPONSES

1. Monitoring to insure that: health plans are written, medical and dental checkups are given, treatment plans are initiated, and drug abuse is eliminated. PARC shall also contact Parent Groups and individual parents of residents to find out if this is being done.

2. Recommend the use of the Decker Plan for use in all State Schools and Hospitals.

3. Contact shall be made with the Pennsylvania Medical Society to insure that only licensed physicians are practicing in State Schools and Hospitals. PARC and local County Chapters shall also attempt to interest University Medical Schools in establishing internships in State Schools and Hospitals and including courses in Mental Retardation in Medical School curricula.

HEALTH CARE SERVICES

COMPLETION BY: JULY 1, 1977

A. GOALS

1. On-going medical and dental treatment shall be provided for each State School and Hospital resident, including prevention and correction programs.

2. Annual medical and dental checkups shall be done for each resident.

B. ACTIONS REQUIRED

1. All specialists working with residents of State Schools and Hospitals shall be Board certified.

2. Sufficient medical, dental and consultant staff shall be maintained.

3. A university-related internship program shall be in operation at all State Schools and Hospitals.

C. FUNDING SOURCES

1. Department of Public Welfare

2. Medical Assistance

3. Possible Foundation or Private money for Internship program.

D. PARC ACTION AND RESPONSES

Monitoring

HEALTH CARE SERVICES

COMPLETION BY: JULY 1, 1978

A. GOALS

1. On-going medical and dental treatment shall be provided for each State School and Hospital resident, including prevention and correction programs.

2. Annual medical and dental checkups shall be done for each resident.

B. ACTIONS REQUIRED

1. Sufficient medical, dental and consultant staff shall be maintained.

2. Internship program in operation.

C. FUNDING SOURCES

1. Department of Public Welfare

2. Medical Assistance

D. PARC ACTIONS AND RESPONSES

1. Monitoring

2. PARC shall set up a committee, consisting of professional consultants, staff and volunteers, to survey and report on the internship program.

HEALTH CARE SERVICES

COMPLETION BY: JULY 1, 1979

A. GOALS

1. Re-assess medical and dental care plans and project needs for further treatment.

2. On-going medical and dental treatment.

3. Annual medical and dental checkups.

B. ACTIONS REQUIRED

1. Sufficient medical, dental and consultant staff.

2. Maintain internship program, if it has been effective.

3. Conferences with program and direct-care staff, on the basis of re-assessment of health care plans. This shall include parents, physicians, specialists, nurses and a new plan if necessary.

C. FUNDING SOURCES

1. Department of Public Welfare

2. Medical Assistance

D. PARC ACTIONS AND RESPONSES

1. Monitoring

2. Survey of internship program. Assessment of AMA, ADA and university medical school involvement.

HEALTH CARE SERVICES

COMPLETION BY: JULY 1, 1980

A. GOALS

1. Treatment program being provided on basis of 1979 re-assessment and medical and dental treatment plans.

2. Annual medical and dental checkups.

B. ACTIONS REQUIRED

1. Maintain medical, dental and consultant staff.

2. Maintain internship program.

C. FUNDING SOURCES

1. Department of Public Welfare

2. Medical Assistance

D. PARC ACTIONS AND RESPONSES

1. Monitoring

2. Survey of parents and Parent Groups concerning the health care received by their children in State Schools and Hospitals.

FOOD SERVICE

FOOD SERVICES	1/31/75	7/1/75	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A. GOALS	1.Apply for JCAH accreditation 2.Eliminate practice of residents feeding residents 3.Initiate family-style dining where possible	1.Health Dept. approval of dietary operation 2.Review of dietary needs of residents 3.Food service improved 4.JCAH Self-survey	1. Diet and eating habits part of IPP 2. Request survey by JCAH Survey Team	1. JCAH Accreditation in Food Service	1.Re-evaluate feeding goals 2.Maintain JCAH Standards	Maintain JCAH Standards	Maintain JCAH Standards
B ACTIONS REQUIRED	1.Policy statement on feeding 2.Re-adjustment of cafeteria schedule	1.Health Dept. jurisdiction over dietary area established with coordination of Environmental Resource Department 2.Dietary conferences for each resident 3.Consultation with caterers, food service experts	Direct care and dietary staffs involved in feeding program .	Meet JCAH Standards	1.Direct care, dietary, professional staff review individual program 2.New goals defined	Maintain JCAH Standards	Maintain JCAH Standards
C. FUNDING SOURCES	DPW	1.DPW 2.Federal Grant	DPW	DPW	DPW	DPW	DPW
D.PARC ACTIONS AND RESPONSES	1.On-site visits 2.Reports to PARC Office, ARC's, parent groups	1. Request DER & Health Depts. reports 2.On-site visits 3.Survey parent groups 4.Report to PARC Office, ARC's, parent groups	1.On-site visits 2.Reports to PARC Office, ARC's, parent groups	1. On-site visits 2. Reports to PARC Office, ARC's., parent groups	1. On-site visits 2. Reports to PARC Office, ARC's., parent groups	1.On-site visits 2. Reports to PARC Office, ARC's, parent groups	1. On-site visits 2. Reports to PARC Office ARC's, parent groups

FOOD SERVICE

COMPLETION BY: JANUARY 31, 1975

A. GOALS

1. Each State School and Hospital shall apply for JCAH/ACFMR Accreditation in Food Services.

2. Each State School and Hospital shall eliminate the practice of residents feeding other residents.

3. Each State School and Hospital shall initiate family-style dining, where possible.

B. ACTIONS REQUIRED

1. Policy statement on feeding of residents by staff to be issued by DPW.

2. Re-adjustment of cafeteria schedules to accommodate family-style dining.

C. FUNDING SOURCES

DPW Institutional Budget

D. PARC ACTIONS AND RESPONSES

1. On-site visits during meal hours by PARC local chapters.

2. Reports to PARC office, parents groups, and local chapters on results of visit.

FOOD SERVICE

COMPLETION BY: JULY 1, 1975

A. GOALS

1. Health Department approval of dietary operation, including kitchen area and food, storage and service areas. (When these areas are outside of the central dietary area, room, unit or ward inspection shall take place, as well as the designation of specific areas in rooms, units, wards where food is to be eaten and served.)

2. Each State School and Hospital shall review the dietary needs of all residents. The Dietary program and nutritional needs of each resident shall be reviewed by direct care, medical and nursing staff in conjunction with dietary staff. Individual diet plans shall be developed for each resident, including recommendations for adaptive feeding utensils as needed.

3. Food services shall be improved in such areas as: temperature of food when it is served; selection of various foods to be available to residents who are on general diets; appearance of food to be enhanced; taste of food to be enhanced by use of condiments (where permissible); adaptive utensils to be available.

4. JCAH/ACFMR Self-survey of Food Services shall be completed.

B. ACTIONS REQUIRED

1. Department of Health shall establish jurisdiction over inspection and licensing of all areas where food is stored, prepared and served. This shall be coordinated with the Deparment of Environmental Resources.

2. A conference shall be held between dietitians, direct care staff, medical and nursing personnel to review dietary needs of each resident and develop a complete dietary plan.

3. Consultants in the area of food services (caterers, food service experts, home economists, dietitans, etc.) shall be enlisted to make recommendations for each State School.

C. FUNDING SOURCES

1. DPW Institutional Budget.

2. Possible Federal Grant for Dietary Consultant through the Department of Agriculture or the Food and Drug Administration.

D. PARC ACTIONS AND RESPONSES

1. Request that Department of Health and the Department of Environmental Resources inspection reports be made available to PARC.

2. On-site visits by Residential Services Committee, Local and Regional teams to observe cleanliness and quality of food service.

3. Survey parent groups as to quality of food, development of dietary plans for each resident, cleanliness, availability of adaptive utensils, etc.

4. Reports to PARC Office, parent groups and local ARC's on findings of on-site visits.

FOOD SERVICE

COMPLETION BY: JULY 1, 1976

A. GOALS

1. Diet and programming regarding self-feeding skills, proper eating habits, and table manners shall be part of the Individual Program Plan for each resident of a State School and Hospital.

2. Each State School and Hospital shall request a survey by JCAH/ACFMR survey team in area of Food Service.

B. ACTIONS REQUIRED

Direct care and dietary staffs shall be involved in feeding programs in Component Units on the basis of PAC evaluations and IPP's.

C. FUNDING SOURCES

DPW Institutional Budget

D. PARC ACTIONS AND RESPONSES

1. On-site visits by PARC Chapters to observe cleanliness, quality of food, programming, etc.

2. Reports to PARC office, local ARC's, and parent groups on results of visits.

FOOD SERVICE

COMPLETION BY: JULY 1, 1977

A. GOALS

JCAH/ACFMR Accreditation shall have been attained in area of Food Services and Feeding Programs.

B. ACTIONS REQUIRED

Meet JCAH/ACFMR Standards.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. On-site visits by PARC Chapters to observe cleanliness, quality of food, programming, etc.

2. Reports to the PARC Office, Local ARC's and parent groups on results of the visits.

FOOD SERVICE

COMPLETION BY: JULY 1, 1978

A. GOALS

1. A complete review and re-assessment of the dietary and feeding skills program of each resident will be completed.

2. JCAH/ACFMR Standards maintained.

B. ACTIONS REQUIRED

1. Involvement of direct care, dietary, medical and nursing staff in a review of each person's dietary needs, and programming needs in self-feeding.

2. On the basis of the above review, new goals in the area of self-feeding, table manners, etc. will be defined for each resident.

C. FUNDING SOURCES

DPW Institutional Budget

D. PARC ACTIONS AND RESPONSES

1. On-site visits to observe cleanliness, quality of food, programming, etc.

2. Reports to PARC Office, Local ARC's and Parents Groups on result of visits.

FOOD SERVICE

COMPLETION BY: JULY 1, 1979
JULY 1, 1980

2

A. GOALS

Maintain JCAH/ACFMR Standards in Food Services.

B. ACTIONS REQUIRED

Maintain JCAH/ACFMR Standards in Food Services.

C. FUNDING SOURCES

DPW Institutional Budget

D. PARC ACTIONS AND REPONSES

1. On-site visits to observe cleanliness, quality of food, programming, etc.

2. Reports to PARC Office, Local ARC's and Parent Groups on result of visits.

LINEN AND

CLOTHING SERVICE

LINEN & CLOTHING SERVICE	1/31/75	7/1/75	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A. GOALS	1.Apply for JCAH certification 2.Inventory of clothing storage space, linen supply	1.Individual clothing supply nontransferable 2.Clean sheets as needed or at least semi-weekly 3.Clean washcloths & towels daily 4.Clean, neat clothing daily 5.JCAH self-survey	1.Elimination of State-made clothing 2.Request JCAH survey team	JCAH accreditation in Linen & Clothing Service	Maintain JCAH standards re linen and clothing	Maintain JCAH standards re linen and clothing	Maintain JCAH standards re linen and clothing
B. ACTIONS REQUIRED	1.Inventory of individual clothing supply 2.Storage space inventory 3. Linen inventory	1.Personal clothing allowance 2.Private storage space 3.Clothing consultant 4.Consult with American Laundry Assn.	1.Clothing to be purchased from wholesale garment source 2.Resident purchase/selection of clothing	Meet JCAH Standards	Maintain JCAH Standards	Maintain JCAH Standards	Maintain JCAH Standards
C. FUNDING SOURCES	DPW	DPW	1.DPW 2.Resident's funds	1.DPW 2.Resident's funds	1.DPW 2.Resident's funds	1.DPW 2.Resident's funds	1. DPW 2. Resident's Funds
D. PARC ACTIONS & RESPONSES	Parents to check on clothing inventories	1.On-site inspections 2.Reports to PARC Office, ARC's & parent groups	1.On-site inspections 2.Reports to PARC Office, ARC's & parent groups	1.On-site inspections 2.Reports to PARC Office, ARC's & parent groups	1.On-site inspections 2.Reports to PARC Office, ARC's & parent groups	1.On-site inspections 2.Reports to PARC Office, ARC's & parent groups	1.On-site inspections. 2.Reports to PARC Office, ARC's and parent groups

LINEN AND CLOTHING SERVICE

COMPLETION BY: JANUARY 31, 1975

A. GOALS

1. Each State School and Hospital shall apply for JCAH/ACFMR Accreditation in Linen and Clothing Service.

2. Complete inventories of individual clothing supplies, storage space, furniture, and linen supplies shall be made by each State School and Hospital.

B. ACTIONS REQUIRED

1. An inventory shall be made of each resident's clothing supply.

2. An inventory of available clothing, storage space, available furniture for storing of clothing, etc. shall be made.

3. A complete inventory of linen supplies shall be completed.

C. FUNDING SOURCES

Department of Public Welfare Institutional Budget

D. PARC ACTIONS AND RESPONSES

Encourage parents to check on all inventories of their children's clothing by visiting the State School, requesting an inventory from the State School, etc.

LINEN AND CLOTHING SERVICE

COMPLETION BY: JULY 1, 1975

A. GOALS

1. Each individual shall have his own clothing supply, individually marked and nontransferable.

2. Clean sheets shall be provided as needed and not less than semi-weekly.

3. Each resident shall receive clean wash cloths and towels daily.

4. Each resident shall have a complete set of clothing available daily, which has been cleaned and ironed.

5. JCAH/ACFMR Self-survey shall have begun in area of Linen and Clothing Service.

B. ACTIONS REQUIRED

1. Each individual shall be given a clothing allowance of neat, fashionable and properly fitted clothing.

2. Each person shall have private storage space for all of his personal clothing.

3. A clothing consultant shall be retained to advise on design and future purchase of clothing and to make recommendations for the design of special clothing for handicapped persons.

4. A laundry consultant, or consultation with the American Laundry Association shall be initiated in any State School where laundry problems exist.

C. FUNDING SOURCES

Department of Public Welfare Institutional Budget

D. PARC ACTIONS AND RESPONSES

1. On-site inspections by PARC Residential Services Committee and local ARC's to take note of resident's clothing and storage space, as well as available linen supply.

2. Reports of these visits shall be sent to PARC Office, parent groups and local ARC's.

LINEN AND CLOTHING SERVICE

COMPLETION BY: JULY 1, 1976

A. GOALS

1. Elimination of institutional state clothing for residents of State Schools. These clothes have proven over the years to be poorly made, ill fitting, drab and without style. All residents shall have a full supply of properly fitting, commercially manufactured clothing by the above date.

2. Each State School shall request a survey of the Linen and Clothing Service by a JCAH/ACFMR Survey Team.

B. ACTIONS REQUIRED

1. Clothing shall be designed and manufactured by a professional clothing firm and purchased from a wholesale garment house.

2. Residents shall be encouraged to purchase, or at least select, their own clothing (with the assistance of direct care and program staff, if necessary.)

C. FUNDING SOURCES

1. Department of Public Welfare - Separate line item for new clothing reflected in the 1975 Budget request.

2. Resident's personal funds.

D. PARC ACTIONS AND RESPONSES

1. On-site inspections by PARC Residential Services Committee; local ARC's to take note of resident's clothing and storage space, as well as available linen supply.

2. Reports of these visits shall be sent to PARC Office, parent groups and local ARC's.

LINEN AND CLOTHING SERVICE

COMPLETION BY: JULY 1, 1977

A. GOALS

JCAH/ACFMR Accreditation in Linen and Clothing Service shall be attained.

B. ACTIONS REQUIRED

Meet JCAH/ACFMR Standards

C. FUNDING SOURCES

1. Department of Public Welfare

2. Resident's personal funds

D. PARC ACTIONS AND RESPONSES

1. On-site inspections by PARC Residential Services Committee; local ARC's to take note of resident's clothing and storage space, as well as available linen supply.

2. Reports of these visits shall be sent to the PARC Office, parent groups and local ARC's.

LINEN AND CLOTHING SERVICES

COMPLETION BY: JULY 1, 1978 THROUGH JULY 1, 1980

A. GOALS

Maintain JCAH/ACFMR Accreditation Standards for Linen and Clothing Service through 1980.

B. ACTIONS REQUIRED

Meet JCAH/ACFMR Standards

C. FUNDING SOURCES

1. Department of Public Welfare

2. Resident's personal funds

D. PARC ACTIONS AND RESPONSES

1. On-site inspections by PARC Residential Services Committee; local ARC's to take note of resident's clothing and storage space, as well as available linen supply.

2. Reports of these visits shall be sent to PARC Office, parent groups and local ARC's.

MONITORING

MONITORING	7/1/75	7/1/76	7/1/77	7/1/78	7/1/79	7/1/80
A. GOALS	Develop uniform procedure for making & writing reviews of State Schools	1.Annual review on basis of 1975 procedures 2.Regulations for State Schools	Unannounced on-site reviews	Unannounced on-site reviews	Unannounced on-site reviews	Unannounced on-site reviews
B. ACTIONS REQUIRED	1.Identify deficiencies 2.Recommend corrections 3.Specify date for corrections 4.Publish reviews	1.Identify deficiencies 2.Recommend corrections 3.Specify date for corrections 4.Publish reviews	1.Identify deficiencies 2.Recommend corrections 3.Specify date for corrections 4.Publish reviews	1.Identify deficiencies 2.Recommend corrections 3.Specify date for corrections 4.Publish reviews	1.Identify deficiencies 2.Recommend corrections 3.Specify date for corrections 4.Publish reviews	1.Identify deficiencies 2.Recommend corrections 3.Specify date for corrections 4.Publish reviews
C. FUNDING SOURCES	DPW	DPW	DPW	DPW	DPW	DPW
D. PARC ACTIONS & RESPONSES	1.Access to Dept. of Public Welfare review 2.Note deficiencies 3.Inspections to note corrections;reports to PARC Office, local ARC's & parent groups 4.Political & legal pressure if necessary	1.Advisory - DPW Regs. for SS&H. 2.Reactions to Regs. 3.Access to DPW reviews 4.Note deficiencies 5. On-site inspections 6.Reports to PARC Office, local ARC's, & parents groups	1.Access to DPW reviews 2.Note deficiencies 3.On-site inspections 4.Reports to PARC Office, local ARC's & parents groups	1.Access to DPW reviews 2.Note deficiencies 3.On-site inspections 4.Reports to PARC Office, local ARC's & parents groups	1.Access to DPW reviews 2.Note deficiencies 3.On-site inspections 4.Reports to PARC Office, local ARC's & parent groups	1.Access to DPW reviews 2.Note deficiencies 3.On-site inspections 4.Reports to PARC Office, local ARC's & parents groups

MONITORING

COMPLETION BY: JULY 1, 1975

A. GOALS

1. The Department of Public Welfare shall develop uniform procedures for on-site reviews and surveys of State Schools. These procedures shall be based on JCAH/ACFMR Self-survey forms and shall include the areas of program, housing, health care, clothing and linen service, food service, staffing and administration.

B. ACTIONS REQUIRED

1. Deficiencies shall be identified in each State School and Hospital.

2. Appropriate corrections shall be recommended.

3. A date for correcting deficiencies shall be presented to the State School.

4. Staff shall be informed of deficiencies and shall develop plans to correct them by the date specified above.

5. Results of the State School and Hospital Reviews, including deficiencies and plans for correction, shall be available to the public.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. Obtain access to DPW State School and Hospital Reviews.

2. Note deficiencies.

3. Periodic on-site visits to observe whether corrective action is being taken. Reports to the PARC Office, local ARC's and Parents Groups.

4. Political and legal pressure if corrections are not made by dates specified.

MONITORING

COMPLETION BY: JULY 1, 1976

A. GOALS

1. The Department of Public Welfare shall establish regulations for State Schools. DPW currently has regulations for Private Lecensed Facilities, Intermediate Care and Skilled Nursing Facilities. The Department has not established similar regulations for State Schools. In January, 1973, the Federal Government published Medical Assistance Standards for facilities housing retarded persons. The Department shall adopt regulations for State Schools and Hospitals on the basis of these federal regulations as well as JCAH/ACFMR standards.

2. Annual monitoring based on site survey procedures written in July, 1975.

B. ACTIONS REQUIRED

1. Deficiencies shall be identified in each State School.

2. Corrections shall be recommended.

3. A date for correcting deficiencies shall be presented to the State Schools and Hospitals.

4. Staff shall be informed of deficiencies and must develop plans to correct them by the date specified above.

5. Results of the State School and Hospital Reviews, including deficiencies and plans for corrections, shall be available to the public.

C. FUNDING SOURCES

Department of Public Welfare.

D. PARC ACTIONS AND RESPONSES

1. Participate in advisory capacity in development of DPW regulations for State Schools and Hospitals.

2. React to proposed regulations.

3. Request access to DPW Annual Reviews.

4. Note deficiencies at each State School and Hospital.

5. Periodic on-site visits to observe whether corrective action is being taken.

6. Reports to the PARC Office, local ARC's and Parents Groups.

MONITORING

COMPLETION BY: JULY 1, 1977
JULY 1, 1978
JULY 1, 1979
JULY 1, 1980

A. GOALS

The Department of Public Welfare shall make unannounced on-site visits to each State School and Hospital and shall provide a written review of each.

B. ACTIONS REQUIRED

1. Deficiencies identified.

2. Corrections recommended.

3. Staff informed of deficiencies, corrections to be made, date by which corrections are to made, etc.

4. Publish results of reviews for interested groups.

C. FUNDING SOURCES

Department of Public Welfare

D. PARC ACTIONS AND RESPONSES

1. Request access to Institutional Reviews.

2. Note deficiencies.

3. Make periodic on-site visits to observe whether corrective action is being taken.

4. Reports to the PARC Office, local ARC's and Parents Groups.

ADDITIONAL

RECOMMENDATIONS

ADDITIONAL RECOMMENDATIONS

o Avoid any involvement of the General State Authority in programs to renovate or replace old, unsafe buildings at State Schools.

Building programs involving GSA at State Schools are generally marked by excessive delay, high cost, obsolete design and poor workmanship. As an example, the ten modular units now being built at Pennhurst were originally scheduled to be completed by December 1972; by midsummer 1974, the completion date was indefinite. The original cost was to be approximately $150,000 per unit; the cost at the present time is $190,000. Many discrepancies in construction have been uncovered, such as:

. . .Improper grading caused runoff water to flow through cracks in the foundation walls and into heating and cooling ducts.

. . .Steel bathtubs were installed and later had to be replaced with the iron and procelain ones called for in the specifications.

. . .Door bucks, the framework against which the doors close, were made of wood instead of metal and had to be replaced.

. . .Voltage required for heating units didn't match that already wired into the buildings.

This is not an isolated occurrence by any means. It leads one to question the competence of GSA to perform its function, especially in light of the recent disclosure that political contributions were demanded from engineers and architects by GSA as the price for the award of a contract.

Senate Bill 956 transfers the functions of GSA, as well as certain functions of the Department of Property and Supplies, to a newly-created Department of Building Construction. This Bill was introduced in June 1973 and has moved through final passage on July 11, 1974, to the House, where it is presently in the State Government Committee. It appears almost certain that this Bill will accomplish nothing except the name change of the General State Authority. The time-consuming and inefficient practices will very likely continue undiminished.

Citizen involvement and review of building plans, as well as of the actual construction, may help to alleviate some of these problems in the future, but there is no assurance that either GSA or any other government agency will heed the complaints and warnings of these citizens. Factory-built units should be studied further as a means of providing safe, economical housing during the transitional period of deinstitutionalization and institutional reform.

- Eliminate the concept of "interim care."
- Allocate state funds according to the type of service the retarded citizen receives and not according to any arbitrary classification of the facility.
- Develop a consistent set of fire and safety standards based on the needs and capabilities of the residents.

A continuum of residential services is required if the range of programs and environments that will meet the needs of all retarded citizens is to be available. The necessity for this continuum has been recognized in defining nine different types of facilities under the current DPW Community Living Arrangement (CLA) Program. Most private licensed facilities would fall under one or the other of these nine types. There is no longer any need for maintaining a separate category for "interim care" facilities now that the CLA Program has been established. The original purpose of interim care was to provide a temporary residence for those on the waiting list to enter a State School. This is no longer a valid purpose given the present emphasis on deinstitutionalization. The term "interim care" always was a misnomer because the placement was more likely to be permanent than temporary.

The present classification discriminates against the private licensed facility (PLF) on the basis of funding and on the basis of standards applied by the State. The PLF receives $11.00 per diem for each resident; the cost at State Schools for similar retarded citizens is $30.00 a day and upward. Group homes are program-funded to cover their entire cost, including mortgage or rental payments and the purchase of furniture and equipment. The PLF must seek other funds to cover the cost of the property and the furnishings.

In terms of standards, the PLF must conform to Labor and Industry Standards for C-1 occupancy or face immediate closure, despite the fact that many persons in PLF's do not require the constant care that these standards imply. The State Schools are also supposed to conform to the C-1 standards. None of them do, but the State has not moved to close them. For example, at Pennhurst it is estimated that renovations to meet Life Safety Code Standards will take approximately three years to complete. Meanwhile, the buildings in question remain in use.

For these reasons, the term "interim care" and all that it implies should be abolished. Private licensed facilities should be treated on an equitable basis with the other community facilities with regard to funding and standards. The cost should be based on the actual services provided to the resident, not on a concept of service or on an arbitrary classification of the facility. The Life Safety Standards should also be based on the actual needs and capabilities of the resident. All facilities should be evaluated periodically on the basis of standards leading to JCAH/ACFMR Accreditation, and the facilities should be moved in the direction of obtaining such accreditation. The report of the JCAH/ACFMR evaluation team should be made available to the public. The Regional Commissioner for M.R. should be held accountable for taking appropriate action on recommendations made in the evaluation report.

- Immediately establish separate units for retarded persons living in State mental hospitals.
- Establishment of transitional programs at state institutions such as Marcy and Embreeville that have been acquired to alleviate over-crowding in State Schools and Hospitals.
- As deinstitutionalization proceeds, plans shall be developed to phase out these placements and place the retarded citizens in appropriate alternative facilities which are conducive to their growth and development.

In September 1973, DPW publicized that separate units were being established on the grounds of State mental hospitals for retarded persons who were residents there. The unit would be administratively separate from the hospital, with programs directed toward the specific needs of the retarded residents. The objective of this program was to prepare as many of the retarded residents as possible for a return to community living.

A Departmental Policy Guide covering the establishment and operation of these units was published. The Policy Guide stated that the establishment of these units was a high priority activity for the Regional Offices. Despite the laudable goals and the note of urgency, very little has been accomplished in the past year since the new policy was announced.

At Norristown State Hospital, for example, no separate unit has been established for the 200 retarded citizens who reside there. There is no program specifically serving the retarded population.

Similar circumstances currently exist at Embreeville and are developing at Marcy. The acquisition of appropriate staff at Marcy to carry out proposed program plans has not occurred. The slow return of Embreeville residents to the community and the lack of transitional planning at that institution indicate that proper planning to phase out these units is not occurring.

In each case, DPW has proposed a policy, but has failed to establish a schedule, provide proper funding, and enforce the policy. Such failures can only serve to undermine the authority of the Department. A precedent has now been established for ignoring any directive issued by DPW.

Everyone agrees that a mental hospital or a former TB hospital is a highly undesirable place for a retarded person. The fact remains, however, that there are hundreds of retarded persons presently residing in State mental hospitals and overcrowded State Schools and Hospitals. While they are there, every effort should be made to provide an environment that will facilitate programs, and to provide programs that will facilitate their leaving as soon as possible.

o Urge the State government to buy suitable property and to lease it to private agencies for the establishment of community living alternatives.

Community placement of the residents of State Schools has been extremely slow. One of the primary reasons for the slow development of community living alternatives is nonacceptance by the community. Zoning Board hearings have invariably gone against potential operators, despite the support of local ARC's and other civic organizations. Even when property has been available, the difficulty of obtaining purchase money through private resources has impeded the development of community alternatives.

For these reasons, the State government should acquire properties for the development of community living alternatives. Insofar as possible, the State should exert its right to eminent domain to obtain these properties. The State should coordinate these efforts with each county MH/MR office to determine the number of types of community living alternatives that will be needed, both now and in the future. At the same time, the State in conjunction with the County MH/MR Program should develop sheltered workshops and any other supportive facilities that are required to meet the developmental needs of the community residents.

- Halt all court commitments to State Schools, regardless of the reason for making the commitment.
- Establish immediately at least one Type 4 (Structured Correctional) CLA in each Region.

Court commitments to State Schools have been made for a variety of reasons. In some cases, it is no longer possible for the retarded person to remain in his or her natural home (for example, due to the death of a parent.) In other cases, the retarded person may have exhibited anti-social behavior. It is always inappropriate to commit an individual to a State School by court order, but never more so than when the individual has a serious behavior problem. First, State Schools do not provide the program of behavior modification that is required to develop acceptable behavior by the individual committed. Second, persons committed to State Schools by court order, often constitute a hazard to other residents and to staff members because of their unacceptable behavior. Third, such commitments increase the crowded conditions in State Schools and nullify efforts to reduce the population.

For these reasons, at least one Type 4 CLA should be established in each DPW Region. The Type 4 CLA is specifically designed to meet the needs of individuals requiring a program of behavior modification. The courts should be advised that all future commitments of any nature should be made through the proper county MH/MR Administrator.

o The development of Family Care Training Homes.

Foster Care for children and adults who are mentally retarded and presently residing in State Schools can be one of the best community placements.

In order to make this a successful program, we need:

1. Negotiation with the Office of Children and Youth of the Department of Public Welfare in order that the County MH/MR can have responsibility for placement and maintenance. (Presently Child Welfare has the legal rights for placement of all children under 18 years of age.)
2. An adequate training program for foster parents before placement followed by a continuing training program.
3. Staff must be available to provide continuing support of the foster family. Daily visitation is often required initially. Trained staff is necessary.
4. Adequate funding must be available for payment to foster parents in order to fund and maintain good placements. (Presently a maximum of $11.00 per diem is permissible. This is not sufficient, especially for placement of profoundly or severely mentally retarded individuals, and multiply handicapped children and adults.) Per diems should be based on degree of handicap in foster placement.
5. The term "Family Care Training Homes" has been used elsewhere and is more appropriate for this program.

It is assumed that the natural parents will be involved previous to foster placement and continually involved with the program.

It is also assumed that an individual program plan has been developed for each person before such placements.

The priority for foster placement of those persons who are mentally retarded should be with the County MH/MR Program. This Program has the capacity to provide the supporting staff through the Community Living Arrangements Program and other County services.

- The establishment of a Committee to study in depth the service delivery system and its funding as established by the MH/MR Act of 1966.

The focus of this study should be on providing a continuum of services for each mentally retarded Pennsylvanian, based on his or her developmental needs.

- Revise structure, selection, qualification, and authority of Boards of Trustees.

At the present time, Boards of Trustees at State Schools and Hospitals are strictly advisory. Their influence and access to information has been limited.

Trustees should be knowledgeable and capable persons with demonstrated ability in their own fields and could bring considerably more to the State Schools and Hospitals if given the authority to do so.

The Boards of Trustees should be restructured in such a manner that will enable them to be effective and have the superintendents responsive to them.

PARC ACTION

PARC ACTION

The "Design for Living" presents a challenge to the Pennsylvania Association for Retarded Citizens. This Plan is not a "pie in the sky" approach to solving present-day problems in the State Schools and Hospitals. Instead, it is realistic in that it considers the existing institutional system and what can be done within workable and reasonable limits to bring about change.

The Plan, first of all, calls for a careful assessment and evaluation of each resident in each State School, according to his/her present and future needs.

Second, it calls for the placement of residents in programs based on their needs and abilities. Such programs are already being planned for all State Schools by the Department of Public Welfare.

Third, the Plan is both goal and time specific. Certain goals are to be achieved by certain dates. This represents an approach to problem solving which focuses on present needs and future planning.

Fourth, implementation of this Plan will not require a vast increased expenditure of tax dollars. It does require creative and imaginative approaches in such areas as improving the environment. While the responsibility for such action lies with the Department of Public Welfare, there are manpower resources such as parent groups, ARC's, Youth PARC, Civic groups, service clubs, and volunteers who can be utilized in the areas of "cosmetic" improvement at State Schools. The imaginative use of this resource has never been attempted. There is very little involvement of community groups and volunteers in actually helping to improve the physical surroundings of residents in State Schools.

Lastly, this Plan does call for direct involvement of the community through BSU contact and the establishment of community living alternatives, community habilitative services, and community work programs.

Thus, this Plan presents to the Pennsylvania Association for Retarded Citizens a step-by-step, goal-by-goal, date-by-date "design" for assuring that residential services across the State - whether in State Schools or the community - truly meet the needs of the persons receiving the services.

This Plan can be implemented through thoughtful and careful monitoring by the PARC membership. The Plan, as outlined, can provide direction for the establishment of a workable, state-wide network of Residential Services Committees on the State, Regional and Local levels.

The Plan clearly outlines a charge to the State Residential Services Committee. That charge is to provide local ARC's with a "how to do it" type of direction in order to monitor all of the Plan's recommendations. This indicates the need for a Residential Services Committee in every ARC Chapter. Local Chapters are composed of people who are there - in the counties, experiencing the problems, and developing strategies for overcoming obstacles. Local Chapters are aware of their problems' relation to: local policies; community attitudes; and lack of staff, money, expertise, etc. These problems must be the concern of the State Association, and in the area of residential services, a State Committee.

P.A.

Interest, concern, knowledge and involvement must be developed on the local level. Strategies, plans and responses to local problems should be provided by the State Association upon the request of local chapters.

This local network must then be expanded to include designated PARC Regions. Within each Region, every type of residential service exists - State Schools, private licensed facilities, group homes, apartments, foster homes, skilled nursing facilities. A Regional Residential Services Committee would be composed of at least one member of each local county chapter with input from Parent Groups from State Schools and Hospitals and professionals.

This Regional Committee would provide the basis for the on-site visits and on-going monitoring of the recommendations outlined in this Plan. The Regional composition is necessary, since it, hopefully, will represent all local ARC's with each county representative reporting back to his local chapter, and subsequently, to the local MH/MR program and the Base Service Unit.

In order to assure the implementation of this Plan, specific guidelines for monitoring all of the recommendations made by the Plan must be developed by the PARC Residential Services Committee. These guidelines must be specific and uniform and should help Regional teams to identify specific deficiencies, as well as recommending actions to be taken to bring these deficiencies to the attention of the DPW, or any other responsible State agency for solution. These reports shall also suggest further actions to be taken by PARC, whether they be legislative, legal, etc.

The implementation of this Plan is dependent on these factors:

1. Acceptance of the Plan by the membership of PARC.
2. Agreement and acceptance of the Plan by the DPW.
3. Involvement of local chapters, regional residential service committees, and the State Residential Services Committee.
4. Commitment on the part of PARC to support and act on recommendations of the Residential Service Committee to assure state-wide implementation.
5. Cooperation among DPW; State School residents and parent groups; the Pennsylvania Association of Residences for the Retarded (PARR); and the PARC membership in the further development of this Plan.
6. Liaison between PARC Chapters and respective BSU's. PARC monitoring of each BSU.

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July - October 1974

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GLOSSARY OF TERMS

COMMUNITY LIVING ALTERNATIVES:

Appropriate residential placements in the community. These alternatives include not only group homes, but also skilled nursing facilities, foster care, apartment living, and family support services for those persons remaining in their natural homes.

EXIT MODULE:

A unit of the Component Program in a State School and Hospital which prepares the resident for his/her return to the community.

SERVICE DELIVERY CONTRACT:

A written agreement between facility (or agency) personnel, the resident and his or her parent or guardian which outlines specific developmental goals to be achieved by the resident within a specific time frame.

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